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Law and Mental Retardation:

A Monograph Series

A Multi-component Advocacy/Protection Schema

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A BALANCED MULTI-COMPONENT
ADVOCACY/PROTECTION SCHEMA

by

Wolf Wolfensberger

Published by:

Association Resources Division
Canadian Association for the
Mentally Retarded

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FOREWORD

In early 1976, the Canadian Association for the Mentally Retarded (CAMR) requested provincial associations for the mentally retarded to set up Task Groups to consider legislative and legal matters related to mental retardation. Interim reports from the Task Groups were given at Regional Seminars in June 1976 in preparation for final submission to CAMR's National Conference on Law and Legislation, (Ottawa, October, 1976).

Contained herein are the first monographs resulting from the work of the Task Groups and other resource people engaged by CAMR. The four monographs in the series are:

- Community Residences: The Zoning Issue
- Estate Planning for the Parents of Mentally Retarded Persons
- A Multi-Component Advocacy/Protection Schema
- Education for Retarded Children: Access? Integration? Parent Participation?

The topic areas covered are only a beginning. Readers of this series are encouraged to forward to CAMR their reactions to the content of each of the monographs so that improvements can be made.

A special note of appreciation must go to Paul McLaughlin, consulting lawyer with CAMR, for his work in editing some of the documents, writing and reworking others. As well, this work could not have been undertaken without the financial assistance provided by the National Welfare Grants Directorate of Health and Welfare Canada.

The Association Resources Division (which initiated and directed the Task Groups, the Conference presenters and the production of this series) encourages members of associations to use the monographs as an opportunity to become active in law reform on behalf of mentally retarded people.

Peter Dill
Coordinator
Association Resources
Division

G. Allan Roeher
Executive Vice-President
Canadian Association for
the Mentally Retarded

INTRODUCTION

Much like everything else, human services in technologically advanced and economically affluent nations have undergone a process of evolution which has a certain regularity, repetitiveness, and therefore predictability. Among these major phenomena in service system evolution are (1) increasing complexity; (2) a dramatic increase in scientific knowledge, particularly in the area of social psychology and organizational dynamics, which can have a profound bearing on the maintenance or improvement of service quality; (3) introduction of technology into service delivery, with a concomitant threat to privacy, to individualization, and possibly to other client rights; (4) rising costs which contribute toward greater call, as well as greater need, for expenditure accountability; (5) continuing of fragmentation of services; and (6) in many instances, rising consumer dissatisfaction. These trends or their associated dynamics can fall into two categories: those having a strong potential for jeopardizing the quality of services, and those having the latent potential for improving it. The fact that the above trends are apt to jeopardize service quality, while also having strong promise for improving it, make it very urgent that much more intense and conscious effort be directed toward the institution of an array of safeguards and other measures which are apt to maintain or improve the quality of service.

However, while a vast amount of lip-service is paid to the need for service quality and quality safeguards, remarkably little is being done about it in a systemic, sustained and actually effective fashion. After all, the institution of quality safeguards is, in effect, a function and expression of the process of change agency, and human service structures have many built-in resistances to the change process. This is a fact which is often hard to accept by service system administrators who not merely pay lip-service to the institutionalization of the change process, but who usually sincerely believe that they and their agency are committed to innovation, to experimentation, to adaptation, etc.

Yet ultimately, to use the language and concepts of organizational dynamics, service delivery agencies are essentially quasi-bureaucracies which require a great deal of continuity and routine in their operation in order to

function relatively efficiently. Change and continuity are inherently opposed to each other, and while too much change would result in chaos, there are extremely few human service agencies that change as much as they should. This fact should be faced by service administrators not with defensiveness, but with a certain sympathy and understanding of the human condition, because agencies ultimately are no more than collectivities of human beings carrying out functions. Being human, they are inclined to carry out functions with which they are familiar, from which they receive rewards, and which do not inconvenience them excessively--if at all.

Increased recognition of the needs and rights of service consumers (indeed, of people who are not now such consumers but ought to have the opportunity to be), coupled with the aforementioned dissatisfaction with past service patterns, plus probably some other conceptual and social developments, has led to the rise of an advocacy movement. This movement would give greater voice and power to citizens, and even many workers within the service establishment acknowledge that the inconvenience of being confronted by advocacy that may be directed against themselves is adaptive for themselves and their agencies.

THE HISTORICAL-CONCEPTUAL ROOTS OF ADVOCACY

A clearly conceptualized advocacy construct in the human service context is relatively new. While advocacy itself has always taken place, the clear formulation of advocacy as a schema or system has a much more recent history. Indeed, the novelty of a clearly conceptualized advocacy approach and component in the human services context is such that the very term "advocacy" can scarcely be found in the human services literature prior to approximately 1970. I vividly remember the time when most people would stumble over the word trying to pronounce it.

As is often the case, various circumstances, including the needs of the times, can propel a concept to wide public attention in a remarkably short period. So it has been with the advocacy concept. However, when this sort of thing happens, there is almost invariably a great deal of confusion and distortion. People may be exposed to a new word, may incorporate the word into their vocabulary, but may not as yet have internalized a clear concept as to what the word is all about, or what it stands for. So it is with the term and concept of advocacy, much as it is also with "normalization," "integration," "mainstreaming," "deinstitutionalization," and others. As we proceed to delineate a global advocacy system, it is useful to review at least three ideological/historical roots of the recent advocacy movement, and then proceed to various definition issues.

One major contributor to the advocacy/protection movement has been the Judeo-Christian tradition. The Old Testament is full of admonitions to protect the lowly, the orphaned, the widow, etc. In the New Testament, concern with the weak, sick, handicapped and abandoned became even more central, and is epitomized in the parable of the Good Samaritan, and that of the sheep and the goats ("I was in prison, and you visited me," etc.). Many people, despite their flight from Judeo-Christian denominations, still idealize this altruistic orientation to the disadvantaged or cast-off members of society.

A second major tradition is that which has found its way to us through Hegelian philosophy and its various Marxist interpretations and applications. Often quite unconsciously, the idea of the operation of mutually opposed forces (as in thesis and antithesis) has become widely accepted and adopted in the minds of people, especially in various fields of social science and social change that are concerned with social tensions and conflict resolution. Within this ideological tradition, advocacy is conceptualized as the antithesis of an established power or interest (the thesis, or vice versa) which is seen as detrimental to a person or group--and in most instances an assumedly disadvantaged group. Thus, we see many elements of the conflict model in many advocacy approaches, and can often detect its Marxist-Hegelian roots by its (not uncommonly unconscious) vocabulary: class struggle, the people, workers, masses, the enemy, oppressors, establishment, aggression, reactionaries, liberation, power, the cause, coalition, cadre, etc.

A third major intellectual tradition that has given rise to the advocacy movement is the growing realization in just the last few years that human organizations are subject to certain laws, and that they operate with certain sets of built-in dynamics which can scarcely be overcome by individual efforts, and then only for short periods of time, or for a limited number of occasions, but not for most organizations most of the time. Thus, through the study of complex social systems, and especially the work of people such as J. Forrester, we have come to recognize a number of distressing realities:

1. Over the long run, organizations serve themselves more than they serve any other purpose.

2. Excellence in complex social systems contexts is most difficult to attain; and once attained, it is subject to dynamics and stresses which make it extremely unlikely that it will be maintained. In other words, probabilistically, human institutions, social systems, and organizations (including human service organizations and agencies) tend toward decay, mediocrity and worse.

3. The entire concept of conflict of interest has received much clearer conceptualization in recent years. Because the above-mentioned organizational dynamics tend to possess organizational members to a degree which was previously unrecognized (largely because of the unconsciousness or counter-intuitiveness of organizational processes), it is now widely acknowledged that the representation by individual actors (and even organizations) of particular interests should not be jeopardized by the co-existence of clashing interests within the same mandate or organization. This has implications to which I shall return later.

Recognition and gradual admission of these and related organizational realities has brought more people to at least an intellectual acceptance of the need for independent and powerful representation of impaired citizens, and indeed of any citizens who must deal with powerful organized societal structures. However, it is also essential to recognize the source or sources of the remaining opposition to the advocacy movement. It is quite likely that most of this opposition results from ignorance or denial of the existence and power of various organizational dynamics, such as those listed above.* Such opposition may come from politicians and from human service agency people whom one would often expect to be more sophisticated about organizational realities than ordinary citizens. The opposition may be embodied in the view that good clinical agency service is advocacy; that if professionals only practiced sound techniques, no other advocacy would be needed; that efforts should be directed toward service improvement rather than advocacy

* It is very difficult to relate to the powerful and usually overriding strength of universal characteristics of organizations without having studied the social laws that determine much of organizational functioning. For a relatively quick introduction and overview of this topic, the reader is referred to Berelson and Steiner (1964), Hage and Aiken (1970), Rothman (1974), Weick (1969), Weissman (1973), and Wolfensberger (1973).

and advocacy organization-building; and/or that such advocacy structures should be dismantled once they have cleaned up a service area that had lost its (former?) purity and quality. Of course, such a conceptualization--even if well-intentioned rather than merely defensive--simply fails to incorporate the empirical facts of human and especially organizational behaviour. Even in human service workers who are intimately familiar with organizational dynamics, the reality that they are a factotum of an organization that has all sorts of purposes and functions other than the officially stated and nobly worded ones may be so threatening to self-concept and self-esteem as to elicit denial. Indeed, the prevalence of this type of self-defensive blindness and even arrogance is, itself, one of the overwhelmingly real, maladaptive and yet universal dynamics of organizations.

This issue of conflict of interest is one that must be understood and appreciated in order to come to grips with any number of problems related to advocacy for, and protection of, people. It is for this reason that the topic will now be discussed even though this discussion here postpones our addressing ourselves to the question, "what is advocacy?".

THE CONFLICT OF INTEREST PROBLEM

One of the principles that human service workers as well as ordinary citizens find most difficult to relate to is that in human services, as in the larger world, there are an unlimited number of situations where two valid principles clash and cannot coexist. People assume that when they are confronted with a situation where two principles clash, then one or both must be invalid, which is not necessarily true. Often, people are so discombobulated by this phenomenon that they get caught in all sorts of dilemmas and twisted solutions. For example, the welfare of service providers and the welfare of service consumers are rarely identical, yet it is as valid for service providers to have good experiences, lead constructive lives, and have their needs met as it is for service consumers.

Similarly, it is desirable to have both cheap energy and plentiful energy, but there is a constant conflict between these two, and usually one is sacrificed for the other. Self-advocacy vs. other-advocacy is another example. In many situations, it is infinitely more efficient to go ahead and advocate for another person, solve that person's problem quickly and efficiently, and settle that particular problem. On the other hand, over the long run, it is more constructive for the person to learn to solve his or her own problem, but that may require prolonged or difficult guidance and tuition in problem solving. As Simon Olshansky (1969) has written, in human service systems, decisions are often made for clients by staff because advancing the client to competent decision-making would be costly and time-consuming. Built-in dilemmas such as these do not have solutions. I mention this here because in many advocacy-related situations, there will be conflicting principles.

Conflict of interest is merely one type of conflict between incompatible but often nevertheless valid, sound, even moral, dynamics or forces. In advocacy and protection, it is one of the gravest issues. It means that there is more than one person's or group's interest involved in an action, that these interests are at odds with each other, and that therefore, there exists a tension that must be expected to be unsustainable and that will eventually be resolved by a tipping of the

scales into one direction or another. Unlike some tensions that are adaptive and lead to better solutions, the tensions of conflict of interest are rarely adaptive, and usually lead to inferior solutions in which one interest is sacrificed entirely or in part.

In order to concretize the role of conflict of interest in human service-related advocacy, a number of real-life examples will be cited. The first three examples are borrowed from Gilhool (1976, p. 164). They illustrate how a human service worker can be beset by tremendous pressures to put the interests of the agency above the interests of weak or disadvantaged people who may be the agency's clients.

On January 13, 1973, at 6:30 in the morning, Benny Parrish, a public assistance case worker in Oakland, California, was instructed to join "Operation Bedcheck," a search of the houses of public assistance recipients--"especially the beds, closets, bathrooms, and other places of concealment," to determine if there was a man in the house and, hence, whether assistance could be terminated. He refused, asserting that such searches were illegal. He was fired for insubordination. The County Civil Service Commission upheld his firing. But the California Supreme Court, in an unanimous opinion, held that Benny Parrish was protected in his right to assert the rights of his clients and ordered him reinstated.

On the evening of July 27, 1976, Ocania Chalk, a public assistance case worker in York County, Pennsylvania, attended a meeting of public assistance recipients, a group called the Public Assistance Committee. There, he criticized the personnel and policies of the York County Assistance Office. He urged recipients to "get on case workers' backs and demand their rights;" he stated that some case workers failed to accord recipients dignity and to inform them of their rights of appeal; and, quoting Frederick Douglass, he exhorted recipients to "agitate, agitate, agitate." He was suspended from his job without pay for "having caused embarrassment and unfavourable publicity to the department." The State Civil Service Commission

upheld his suspension. But the Pennsylvania Supreme Court, generally more conservative than California's, reversed, holding Ocania Chalk's remarks protected by the First Amendment. "As a member of that governmental institution (York County Assistance Office)," the Court found, "he had a unique, and valuable, perspective, from which to view it." The benefit of that perspective could not be denied to his clients or to the public.

From 1966 through 1969, Father Joseph Donahue, Chaplain of Manteno State Hospital in Illinois ("a gigantic institution operating on a skimpy budget," as the court put it), engaged in a campaign of public criticism of the institution. He wrote in a union newspaper column; he addressed the State Federation of Labour and made other public speeches; he wrote letters to the governor and to the editor of the local newspaper; and he published a paid advertisement in that paper. He complained, *inter alia*, of insufficient employees, unqualified employees, inadequate care, and in the paid advertisement criticized the Director of the Mental Health Department and the Superintendent of the Hospital. In 1969, he was fired. He sued in federal court for reinstatement. He won and was awarded back pay, punitive damages and attorney's fees.

Another relevant and recurring type of conflict of interest may be found in the field of child placement. Years ago (and to some degree to this day), child placement agencies typically were mandated and funded to attend to homeless, mostly orphaned, children, and then later to socially abandoned or abused children. One of the mandates of such agencies was either to find adoptive homes for such children, or at least to find foster homes in the meantime. Before the helping forms in our society became highly structured, homeless children were typically "taken in" informally, e.g., when parents died, it was very common for relatives or neighbours to take in the children and raise them, and nothing much was made of it. In large households, it made little difference whether seven or nine children were raised. It is still that way in some cultures, and even in parts of North America, as in the Canadian Maritime provinces.

Through professional and case work, the child placement agencies tried to accomplish something similar, except that in the case of foster children, the foster parents would be paid; and in the case of adoptive families, they would not be, as they would be rearing a child as their own. A major reason some children had to be fostered instead of adopted was that many children that ended up homeless were not necessarily parentless. Perhaps their parents were non-functional but would not release their child for adoption. At any rate, the child placement agencies typically tried to build up a certain pool of foster families that could provide emergency places where the agency could place a child on short notice into a "holding pattern" while it tried to see what else it could do for the child.

However, what often also happened was that the child placement agencies would place a child on short notice into an available foster home, and the foster family would grow very attached to the child and want to adopt him/her. That would throw the placement agency into consternation, because if that foster family adopted the child, the agency would lose that home as a conveniently available future foster home. In turn, this would mean that case workers would have to go out and aggressively search for and develop new rotating foster homes, which was a great inconvenience to others. So they commonly would keep a child in a home only until the foster parents began to show signs of growing affection, and then they would jerk the child out and place him/her into another foster family, and so on, from one placement to another.

In one public presentation where we explained this practice, one of the men in the audience jumped up and started shouting, "So that's why they did that to me." The man, apparently in his forties, had grown up as a foster child, and had been moved from home to home until he was of legal age. Though now working in a human service role himself, he had never understood the reason for his being rotated through so many homes. He shouted from the floor, "I used to think they did that to me because I was bad."

Innumerable child placement agencies have perpetuated what one can only call legalized and institutionalized crimes against homeless children. In recent years there have been significant broad advances into more appropriate handling of children by child placement agencies--although many continue the practice of careless and "musical-chair" placement.

One can understand some of these practices much better if one can recognize that the child placement agencies had conflicts of interest when it came to placement of children in foster homes. It was in an agency's interest to maintain foster homes on an available rotating basis, because then the staff did not have to go out constantly and recruit new ones. Secondly, it may actually have been in the interest of some other child who came along later on, for a specific foster home to be available for emergency placement, illustrating that there sometimes are conflicts between the interests of different clients: what is good for one client may diminish the welfare of another. Interestingly, placement agencies have hardly ever admitted to this reality, and to this day, they will generally deny it.

Teacher's groups have commonly been opposed to measures which assess teacher and school performance. If it is found that their performance as teachers is inferior, they might lose their jobs. Whose interests are they defending? It is in the children's interests to have the quality of teaching assessed, but teachers see it as their interest not to be assessed because it might mean losing one's job.

Concern with job security led to an unusual instance of people doing the right thing for the wrong reasons. Today, the lives of institutionalized persons are not necessarily being improved through so-called deinstitutionalization, because they are being dumped into snakepit foster and nursing homes, other institutions, etc. The Federation of State and County Municipal Employees put out a book, entitled Out of Their Beds and Into the Streets (Santiestevan, 1975), which validly documents and condemns this dumping--but does it for the wrong reasons. The union sponsored the book because it wants to save the institutions and thus provide jobs. "People have a right to be institutionalized." Thus, the wrong people (the union) have been doing the right thing (exposing the problems of deinstitutionalization) to protect their own interests.

To illustrate the conflict of interest issue further, it should be noted that even families of handicapped persons may have such conflicts when they are acting on behalf of their own handicapped member. A common phenomenon with families who have placed a child in an institution is that they do not wish for that person to live at home with them later on, or when the child is grown. Yet at the same time, they often resist making any other kind of suitable arrangement, and may obstruct any attempts by other persons or agencies to place that person in a more favourable setting, because such a move is seen as implicitly interpreting the family as having inappropriately abandoned their relative. This conflict of interest points out the fact that a parent is not always the best advocate for a person.

Human service workers argue constantly that they are idealistic, dedicated, noble, etc. and therefore they need not and should not be under any rules concerning conflict of interest. The delusions of human service workers that they are true to their professional moralities and not to their employing agencies, or that they are not controlled by their professional groups but by their moral commitment to their clients, are really quite striking. In their blindness to the dynamics that control them, human service workers have fallen victims to a professional training that has taught them that they are noble and dedicated human beings, unselfish, and always ready to give for someone else. In essence, they have been taught that a good human service worker does not have conflicts of interest. This is of course, not true, but is one of the many unconscious falsehoods which are deeply embedded in the professional socialization process of human services. The fact is that few human service workers are emancipated from their culture and its values, and none from their humanity and its dynamics. They are encaptured by human foibles and weaknesses, by their culture, and by the structure of human service systems. Fewer safeguards and precautions would be needed if more workers were even able to perceive and admit the conflicting pressures under which they work.

Despite its own shortcomings, the legal profession has a very clear understanding of these issues, and there is much to be learned in this area from the law, as by and large, lawyers are highly attuned to conflicts of interest. Judges and justices in our courts do not rule on a case in which they have an interest. A justice will disqualify him/herself if a case comes up in which he/she has a financial or other interest--which is not at all uncommon. Indeed, it is well understood in the judicial system that one should avoid not only conflict of interest, but even the appearance of such a conflict. Similarly, we expect avoidance of the appearance of conflicts of interest even when we are willing to discount their actual presence. Charles Wilson, who was nominated by President Eisenhower as Secretary of Defense, held approximately \$2 million worth of stock in General Motors when he came up for congressional approval. Before he could be confirmed, he had to sell this stock at a vast loss, because as Secretary of Defense, he could not afford even the appearance of a conflict of interest with a major defense contractor (even though he believed that "what is good for General Motors is good for the country"). If Watergate has done nothing else, it has underlined the fact that the suggestion of conflict of interest can be as destructive as the actual or real conflict itself.

Common Cause is one of the groups in the United States that are advocating for the legal end of conflict of interest situations in government. In 1975, the governor of New York signed an executive order mandating full financial disclosure for every policy-making state official. Proposed legislation would also prohibit legislators and legislative employees from representing clients before state agencies, which they were able to do before. This is one of the changes that Common Cause lobbying has brought about.

In order to recognize conflicts of interest, it is useful to be aware of its five major recurring sources.

a) What is good for the agency is not necessarily good for the clients. It is well known from organizational dynamics that organizations are like people in the way they function. Organizations have a life of their own where survival is paramount, anything will be done to maintain it. People may be more ready to sacrifice their lives than organizations are. So agency survival interests may clash with the interests of the client. For instance, scandals, painful revelations or budget cuts might happen if client interests were uncompromisingly (or even moderately compromisingly) pursued.

b) The professions of various staff members may make all sorts of compromising demands. Indeed, the codes of ethics of many professions contain some immoral components. Examples are the various codes of ethics provisions in the professions of law and pharmacy, designed as price fixing collusions. One unjust impact of such practices has been the prevention of the posting of drug prices in drug stores in poverty neighbourhoods so that poor people would be able to do comparative shopping.

c) Being accountable to superiors who have all sorts of motives and interests is another source of conflict. Close-outs in vocational rehabilitation are a classic example. A certain number of close-outs may be required by a certain date, and as it gets close to the deadline, counsellors may be told by their superiors to close clients out in order to meet the required quota.

d) The interests of one client or protégé may interfere with the interests of another. It may be in the interest of Client A to get all of the money, or the attention, regardless of the needs of Client B or C; it may be in the interest of the protégé to receive all the attention of an advocate. Thus, the moment a person has more than one client, or the moment an advocate has more than one protégé, a conflict usually exists. This potential source of conflict is rarely recognized.

e) The fourth source of conflict may be avoided by having only one client or protégé, but the personal interests of the human service worker or advocate cannot be avoided, and it is almost always at odds with those of the client or protégé. It may be in the

interest of the client for the staff member never to take a vacation nor have time off, eat, rest, have leisure, etc. Thus, sheer survival is a source of conflict.

In attempting to either resolve conflicts of interest, or conflicts of competing principles that have nothing to do with conflicts of interest, a few thoughts and strategies are offered that have often proved useful.

First, it is very important to distinguish theoretically between a compromise and a trade-off. A trade-off must occur in a situation in which it is intrinsically impossible to maximize two outcomes simultaneously, because the two outcomes are inherently in competition with each other. A compromise exists when one has to choose among two or more outcomes in which the outcomes are not intrinsically incompatible, but are suboptimal only because of certain extrinsic circumstances.

An example of a compromise would be almost any instance in which service quality is lowered merely because of the scarcity of funds, but where there is no reason why one might not simultaneously have high funding and high quality, if only the funding situation were more favourable. In contrast, a classical example in which an optimal solution is even theoretically impossible exists in those instances in which the optimal location of a service to devalued persons would be in a certain neighbourhood (such as a downtown area) in which, for probably valid reasons, there are already a number of other well-placed services to devalued persons, and where the addition of yet another such service would saturate community tolerance and its potential for assimilating devalued people. Obviously, not all programs can be located in the same optimal location. On the other hand, if the new service located itself in another area reasonably removed from a congregation of other services to devalued clients, it would probably be penalized in terms of ease of access from and to the service region population.

Secondly, it is important to recognize what it is that is at issue when sacrifices are at stake. A great deal of judgement is required in determining the relative merit of two conflicting principles. They may both be valid, but one may be more universal than the other, or one may have more long-term payoff. Often, it is necessary to trade off one good principle for another good one. One way to make these judgements is to acknowledge that one principle is good, but the other one is even better; or that they are both bad, but that one is less so.

One fundamental distinction to be made here is that among principles, strategies, and tactics. Tactics may be compromised very readily; strategies should only rarely be compromised; and principles should never be sacrificed. Interestingly, conflicts such as the ones sketched above generally occur between strategies rather than principles. If they occur among principles, then one is either dealing with principles at different levels of generality, or one is trying to adhere to two or more self-contradictory principles at the same time.

What the above rationales and realities imply is that human service workers should become more conscious of, and perhaps differentiate among: the compromises or trade-offs which they have made; those compromised or traded-off measures which are simply not under their control and which cannot be improved at a given moment; and those measures which might very well be improved either by programmatic changes, by ideological changes, or by better funding.

While choosing one of the two horns of a compromise or trade-off dilemma could be a relatively rational and highly objectifiable task, human service planners and decision-makers typically do not choose too well. This is somewhat puzzling, but becomes more understandable when one recalls that most human service workers are not oriented to a systems approach, and therefore do not automatically fall into a reflexive routine of systematically considering, examining, and mutually comparing all possible alternatives, costs, and benefits. Therefore, a brief and simple guideline for making compromises or trade-offs is offered here.

1. While suspending judgement, all conceivable alternatives should be listed. Typically, this takes place optimally in a classical type of brainstorming session in a group.

2. This list of options can be reduced by eliminating those that are patently irrelevant, or impossible to achieve.

3. For each remaining option, all conceivable benefits should be listed.

4. The costs (in a broad sense) associated with each of the options should also be listed.

5. One now ranks the options in terms of the most promising ratios of costs to yields.

6. Only at this point should one adopt the highest-ranked option that is feasible.

7. The remaining non-utilized options should be retained "on file" in case the option that has been adopted proves to be unfeasible, unworkable, or unsuccessful, leaving open a fall-back on the most promising of the remaining options.

The same procedure can be used for prioritizing one's actions, with the relevant ratio here being taking into account how feasible a measure is at the moment, and how quickly it can be implemented without jeopardizing the implementation of more important but "slower" measures.

This section is intended to sensitize the reader to the reality and power of conflicting interest. In the later section on "Some Basic Assumptions Underlying The Proposed Global Model," various implications that are specific to advocacy and protection will be spelled out.

WHAT IS ADVOCACY?

One major problem in the wider dissemination, and at least partial acceptance, of the advocacy concept has been the tremendous confusion surrounding the definition of the term. Today, it is possible to find almost anything labelled advocacy, including some highly traditional and even highly dehumanizing services. Thus, placing a person in an institution might very well be called "institutional advocacy"; providing a person with very traditional case work counselling might be called "case work advocacy" or "counselling advocacy"; submitting a news release regarding a devalued group of people to the media might be called "public advocacy"; etc. In fact, this bandwagon phenomenon has almost the effect of perverting and undermining a genuine advocacy approach, and I personally have called it "Kraft cheese advocacy", in analogy to the Kraft cheese commercials that in essence propose that one should take any kind of food and add cheese to it. Today, people would like to continue doing what they have always done, but add the word advocacy to it.

In order to shed light on this confused scene, it is necessary to first clearly differentiate between advocacy and non-advocacy, and to secondly define various, and strikingly different, types of advocacy.

All definitions are arbitrary. All one can do is offer for wider adoption a definition that has clarity and utility. The current affixation of the advocacy label to just about anything obviously loses both of the desirable attributes of any definition: clarity, and utility; other definitions might possess one but not both of these two desirable criteria.

It is useful to start with the culturally normative meaning of the noun or verb "advocate." As most people know, it comes from the Latin, and means to speak to a matter or issue. In time, it has come to mean speaking on the behalf of a person or issue; and where a person is involved, it almost invariably has come to mean speaking on the behalf of another person, rather than oneself. Of course, we often speak of self-advocacy, and that concept is certainly a legitimate one to which we shall return, especially when discussing the balance between the need for self-advocacy and other-advocacy. However, of necessity, we must focus primarily on advocacy on the behalf of others. Even when individuals band together in order to advocate on their own behalf, this type of advocacy becomes as much advocacy on behalf of an issue as on behalf of any one specific individual--indeed, to the degree that each member of a self-advocating group really advocates on behalf of an issue that benefits other members of his/her own group, and perhaps benefits them even more than oneself, this form of self-advocacy may actually be more other-advocacy than self-advocacy.

Further, merely speaking on behalf of a person or group does not seem to be enough. After all, in the narrow and non-vigorous sense of the word "advocacy," almost anyone can lay claim to being an advocate for all sorts of causes and other people. If somebody punches me in the nose and I shout "You shouldn't do things like that to other people," does that make me an advocate? Is it advocacy for the greater weal if I draw the attention of the welfare director to the fact that his office mistakenly mailed out a duplicate check to the same poor family? Is it not true that in a technical sense, perhaps every human service worker, every human service agency, every public official, every church, etc., could claim to be advocating? Obviously, much more is needed if the concept of advocacy is to hold the special meaning it is intended to convey.

I propose that this "much more" consists of three components. The first one is vigor and vehemence. Speaking for someone in inaudible whispers is conscience-salving at worst and prayer at best. Advocacy implies fervor and depth of feeling in advancing a cause,

or the interest of another person; it calls for doing more than what is done routinely, and what would be found routinely acceptable; in this sense, the advocate acts at least as vigorously for another person or group as for him/herself.

Secondly, I propose that even fervent advocacy is cheap advocacy if it costs nothing more significant than a shout here, a little excitement there, or a bit of traditional consideration and thoughtfulness. I propose that the essence of advocacy implies a distinct cost to the advocate. This distinct cost may involve any number of things: time that one would much rather have spent on something else; wear and tear on one's emotions, such as one would ordinarily avoid; investment of one's material substance and possessions; sacrifice of rest, sleep and/or recreation; etc. Indeed, the cost may involve one of the highest prices of advocacy, and that is risk, such as the risk of incurring resentment and hostility from others, of being taunted, or becoming an object of ridicule, of being considered foolish or crazy, of being rejected by one's peers and colleagues, of being in danger of loss of job; the risk may involve that of being hurt in violence, of loss of health--perhaps even loss of life itself. Indeed, without significant cost, an action should not be viewed as advocacy, or no more than Kraft cheese advocacy, even if it is otherwise valuable action, such as described in the next section. In fact, it is fervor and cost that may distinguish all sorts of protection from advocacy, in that protection may often be viewed as being advocacy from which the cost has been removed--a burnt-out star that may have a lot of weight but no more fire.

Thirdly, as seen from the preceding discussion of conflict of interest, whenever advocacy is intended to be defined as constituting a social institution (in the form of advocacy agencies, citizen advocacy, ombudsmanship, etc.), it must also be structured so as to be maximally free from conflict of interest. If it is not so structured, then the social institution that is being established should be defined as not an advocacy institution, but as some other service quality safeguard, such as

discussed below. This is not to say that an individual worker in a non-advocacy type of social institution (e.g., agency) could not function as an advocate on some occasions by taking on a cause in a vigorous fashion and at significant personal cost, but the institution itself is not to be viewed as an advocacy institution. In fact, the advocacy action of one of its members constitutes an example of an individual rising up against the strong anti-advocacy dynamics that have been imposed on and by his/her organization, thus constituting an exception to the prevailing forces and probabilities.

So as to further sharpen our image of what advocacy is, we will now also review a number of activities that may be mistaken for, confused with, or called advocacy. Some of these may actually be advocacy under certain conditions, as when they meet the above criteria.

WHAT ADVOCACY IS NOT

Not All Change Agency is Advocacy

In addition to emphasizing the other-directedness of much of the advocacy concept, I also propose that a major distinction must be made between those activities which are of a general change agency nature, and those change agency activities which indeed constitute advocacy. Too often, people equate all change-oriented activities with being advocacy; I do not. I can conceive of various types of developmental efforts, community organization, planning, training, and other change strategies that are most certainly strategies or tactics within the process of change, and that are designed to achieve a certain type of change objective, but that I do not view as constituting advocacy. For instance, a state/provincial department of human resources drawing up a plan to provide services for a particular group of persons in need does not necessarily constitute advocacy; in fact, the plan may actually embody just the opposite, in consciously or unconsciously regulating a group of people (such as the poor), in segregating and containing them (such as the mentally retarded), or in depriving them of privileges so as to transfer these privileges to other groups (as in the case of the elderly).

Most Desirable and Sound Service System Quality Safeguards Are Not Advocacy

There are numerous sound principles of service development, service operation, evaluation, organizational arrangements, etc., that should be adopted, and that would contribute significantly to service quality. Probably the bulk of these principles are not adopted--indeed, they are often not even studied or known; or if studied, they tend to be rejected or avoided. However, the point here is that most of these adaptive processes and structures are not of an advocacy nature, although it may take advocacy to attain their implementation. The nature of these safeguards will be discussed once more later in the paper.

However, it might be fit to mention here that "protection" (as in the concept of "advocacy and protection") is often not advocacy, even if it does protect. Both advocacy and protection are needed; sometimes they are the same; often they are not the same; and therefore, they certainly are not to be viewed as synonymous. Sometimes, that which is advanced as being protection could actually be termed to be "anti-advocacy" in nature. Even such an anti-advocacy act as putting someone into prison may be defined as "protection", as in "protective custody." In fact, in traditional protective services and protective service legislation, the concept of "protection" has typically been saturated with overtones of physical custody of the person, typically in an institutional or quasi-institutional setting. The fact that this tradition has not died out is dramatically underlined by the 1977 Arkansas Adult Protective Services Act. It covers three forms of protective custody, and carries a strong flavour of being much more concerned with physical movement of a person from present abode to an agency type of abode, than with the types of social advocacy and protection that would be more likely to be carried out under the citizen advocacy schema. In other words, major concern seems to be placed upon removing a person from the environment in which abuse has occurred, rather than preventing abuse from occurring, or reversing it within that person's environment.

Not Everything Good Is Advocacy

Some people have become so enchanted with the word advocacy that they bestow it on anything they think is positive or benevolent. When a fraternity runs a fund-raising marathon, they may call it advocacy; when a teacher teaches a child to read, that may be called advocacy; when a passer-by drops a dime into the Salvation Army kettle, he/she may consider that advocacy. Even ordinary professional services (supervising a workshop, giving counselling) may be called advocacy.

Obviously, all this is Kraft cheese advocacy. Good intentions alone, nor even desirable actions, are not necessarily advocacy, as we shall see.

Case Work Can Rarely Be Advocacy

Some people, and particularly social workers, rehabilitation counsellors, and similar personnel, seem particularly tempted to claim that case work-like professional services are, and perhaps always have been, advocacy, and that the more recent advocacy movement is really an unnecessary duplication of long-standing efforts which, at most, need a little cleaning up in consciousness or efficiency.

In my own experience of all types of human service agencies, residential institutions have been the most resistive to advocacy; and among human service professions, social work and medicine (including psychiatry) have been the most resistive. Perhaps the resistance from many professionals can be understood as a derivative of the above view of case work-type services already being advocacy. Later on, we will explain further why most such services are not and cannot be, and often should not be, advocacy.

Everything that has been said so far, and that will be said below, does not deny that a staff member of a service agency might not be an advocate. However, in order to be an advocate, such a worker would usually have to act outside the scope of his/her agency and work role, and/or reject rather than implement its society-mandated policies--with all the risks pertaining to that. Of course, that is the point: no 'cost, such as risk, no advocacy.

In-House "Advocacy" Is Not Advocacy

In recognition of some of the dynamics briefly discussed in the historical review, many agencies or even service systems have established certain internal safeguards designed to protect the individuality of a consumer, to prevent a client from "getting lost" in the system, or to give consumers an easier internal route for voicing a grievance. Many of these safeguards may be called "ombudsmanship", although they are not at all what is understood to be the Scandinavian social-legal institution of the Ombudsman, as explained later.

The first type consists of an office with paid staff functioning as a sort of "inspector-general" to a whole service system. An example may be a nursing home Ombudsman for a whole state/province, functioning in the executive branch of government, usually the state/provincial office on aging or equivalent.

The second type typically involves a single staff member (or a few members) within a specific agency (e.g., within a single nursing home, or rehabilitation office), who is available to clients in order to check out grievances, bring problems to the director's attention, etc. This type of ombudsmanship is even less independent than the first one.

The third type involves the designation of different staff members within a specific agency as having a special responsibility for facilitating a specific client's progress through the agency. For instance, an attendant in an institution, a psychologist in a workshop, etc., may be charged with an extra-special concern with one or a few clients. Positions of this type are often called client advocate, patient advocate, counsellor advocate, staff advocate, in-house ombudsman, etc.

Desirable as all of the above functions are, they are really clinical service provider, regulator, or funder functions, at best a step or two displaced from the service provider to the service regulator or funder. As such, they are not free from conflict of interest, and are therefore not real advocacy, underlining once more that not everything that is good and desirable is advocacy. Indeed, such in-house functions may operate under such poor ideology, or under such tremendous agency and agency system pressures, that they are totally non-functional, or merely enhance the image of the service system. Advocacy may be restricted to handing out "These Are Your Rights" booklets, or may even assume the role of "cooling off" criticism and defending the service provider. The mere fact that genuine advocacy may take place in some such arrangements at some point in time does not mean that the function itself is set up to be advocacy as it ought to be conceptualized and structured.

VARIOUS PAST APPROACHES TO PROTECTION AND GUARDIANSHIP, AND THEIR PROBLEMS

Until relatively recently, much of what we now would subsume under advocacy was either 1) done informally and sporadically, 2) done by voluntary citizen action groups, mostly on a collective basis for the benefit of collectivities rather than individuals, or 3) subsumed under the concept of "protective service." While the first two ideas are fairly clear and well-recognized, the third one is not, and a brief analysis here is in order.

The Background of Protective Services

The advocacy concept has a number of ideological and historical roots. Certainly one of the most prominent of these must be the protective services concept which has led a not very prominent but nevertheless clearly identifiable existence in the human services context for quite some time. The basic idea that some people are so impaired as to need various forms of protection is as old as recorded history. Elizabeth Boggs (1966) pointed out that protective services for those who are not fully able to look after themselves or their affairs have their origins in the principle of "parens patriae." Ever since the Middle Ages, persons who have been deemed incompetent, as well as children, have been entitled to this special protection of the king and his successors in government. Unfortunately, not much progress has been made in the implementation of this principle in the past millennium. Indeed, with the rise of the principle of individual rights and its resultant limitations on the authority of government to intervene in personal and family affairs, the proper implementation of the principle of "parens patriae" in the case of those who need it has been impeded rather than fostered.

In the United States (and I suspect in Canada as well), until just about a hundred years ago, little attention was paid to the principle even as it affected children. In 1875, a case of child abuse so offended moral sensibilities that some child protective services were begun. At about this time, some meager beginnings had also been made in protecting the retarded, mostly

by way of institutionalization. However, this philosophy of care quickly changed to one emphasizing the protection of society from retarded and other devalued individuals, and we have not yet fully emerged from this period. It is only within the past fifteen or so years that some attention has been focussed on the need for protective services for the aged.

A useful operational definition is: protective services are those services and activities which are undertaken by the paid staff of an agency* on behalf of other individuals who are not fully able to act for themselves. These protective services or activities are directed toward the individual's well-being, are backed up by legal sanctions, and are carried out by primarily social service techniques. A non-technical way of thinking about a protective service is the provision of the kind of affectionate yet realistic on-going management and care that a good parent would exercise over a son or daughter.

The Problems and the Desiderata of A Personal Protection Schema

It is remarkable that when one reviews the various formal schemas designed to protect the interests of impaired individuals (as distinct from classes of people) around the world, they all seem to fit, at least approximately, into one of six categories, yielding nine variations.

- A. Guardianship of the person
 - 1. Individualized
 - 2. Collectivized (usually public)
- B. Guardianship of estate (property, income, etc.)
 - 1. Individualized
 - 2. Collectivized (usually public)
- C. Trusts
 - 1. Major insurance types
 - 2. Trivial, and usually collectivized, types

* As discussed later, a protective service should be independent, and free from conflict of interest, but they are typically not so structured at present.

- D. Case work-type protective agency services
- E. Informal relationship-based supports
- F. Combinations of some of the above

Furthermore, there are also thirteen distinct types of problems or outright shortcomings that recur over and over, although different protective schemas may be bedevilled by different combinations of these problems:

- A. Stigmatizing incompetency procedures
- B. Built-in conflicts of interest
 - 1. Paid staff
 - 2. The protective advocacy agency may provide other direct services
- C. Impersonality of relationships
 - 1. One worker for many clients
 - 2. Discontinuity of personal relationships
 - 3. High likelihood of neglect of the expressive needs of impaired people
 - 4. Cumbersome bureaucracy
- D. Poor flexibility
 - 1. Only one or a few types of relationship roles available
 - 2. High likelihood of orientation to instrumental and crisis needs
- E. High potential of overprotection and overutilization, because of the administrative convenience of many schemas
- F. Danger of abuse, e.g.,
 - 1. For social control
 - 2. To institutionalize impaired persons
 - 3. To ease parental anxiety, i.e., as "insurance" against future parental incapacity
- G. A tendency to rely on a single approach, even though no single schema is sufficient

When I was unable to identify a single schema that was a) adequately comprehensive, b) satisfying in conceptualization and ideology, and c) actually adaptively operational somewhere, I tried to identify

the characteristics of an ideal schema, and it appeared that such a schema would have eleven characteristics:

1. Separation from case work and other direct services
2. Individualization of provisions
3. Potential for long-term continuity of personal relationships
4. Instrumental, expressive, and combined support options
5. Both formal and informal relationship options
6. Forms that are highly flexible, and easily changeable over time
7. A built-in ideological orientation and commitment to the advocacy function
8. Consistency with cultural values
9. Maximally feasible freedom from conflict of interest
10. Practical and feasible in implementation
11. Available as needed

It is out of these considerations, though initially not as systematized as I am presenting here, that starting in 1966 I evolved the citizen advocacy schema, which now needs to be reviewed in preparation for the presentation of a global multi-component model.

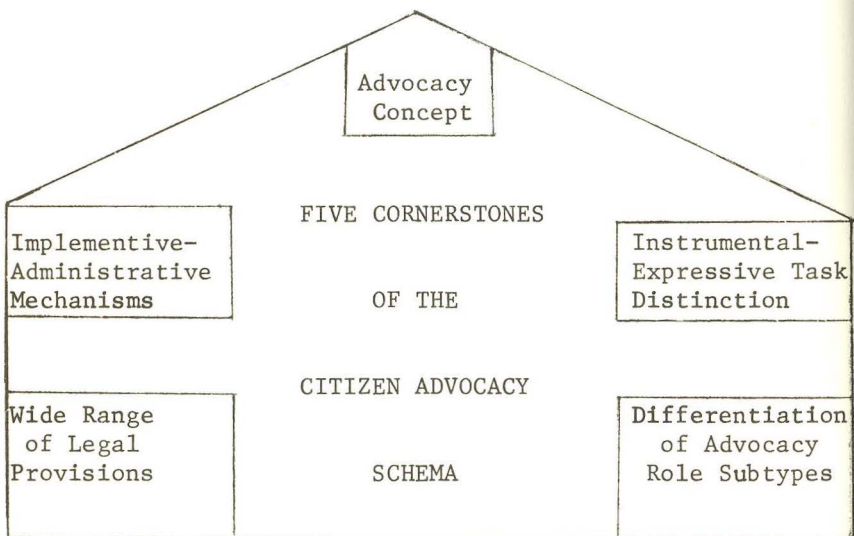
A CITIZEN ADVOCACY OVERVIEW

The Components of Citizen Advocacy

Citizen advocacy (CA) was evolved in order to maximize as many of the above factors as possible. So citizen advocacy was defined as follows: an unpaid competent citizen volunteer, with the support of an independent citizen advocacy agency, represents--as if they were his/her own--the interests of one or two impaired persons by means of one or several of many advocacy roles, some of which may last for life. In order to make this definition more intelligible, the schema can be conceptualized as having five cornerstones, as depicted in Table 1.

Table 1

The Five Cornerstones of the Citizen Advocacy Schema



The top cornerstone refers to the one-to-one relationship by which a competent citizen volunteer, free from built-in conflicts of interest, advances the welfare and interests of an impaired or limited person, as if that person's interests were the advocate's own. For lack of a better term, I have applied the word protégé to the person who is presumed to be in need of significant unmet instrumental (practical problem-solving) or expressive (affective relationship) supports. The advocate is expected to use primarily culturally normative means that typically are accessible to citizens generally, and that might in fact be widely practiced.

The second cornerstone makes a critically important distinction between two major types of tasks, instrumental (problem-solving) and expressive (emotional-affective), as explained in Table 2. The distinction between these tasks helps to structure relationships so as to provide only the minimally necessary type of supports, and to avoid both excessive as well as inadequate protection, both of which have so often been the hallmark of other guardianship/protective-type schemas--particularly in public guardianship. The principle of minimal protection is implied in the theory of normalization (Wolfensberger, 1972) and its corollary demand for encouraging maximal independence on the part of an impaired person.

Table 2

The Distinction between Instrumental and Expressive Tasks

Solving practical and material problems	Meeting needs for communication, relationship, warmth, love & support
"Instrumental" tasks	"Expressive" tasks
Advise and assist with day-to-day problems: decision-making, transportation, shopping, etc.	Provide emotional support during stress and crisis
Administer property and income	Maintain sympathetic communication and interaction
Represent interests vis-a-vis agencies and the law	Bring friendship and fellowship to lonely and abandoned
Insure inclusion in appropriate services: training, work, education, etc.	Share emotionally significant activities, trips, and events
	Exchange meaningful tokens (mail, gifts, visits, or meals) on special occasions: birthdays, Christmas, Hanukkah, Valentine's Day, Thanksgiving
Meeting relationship needs while also working out practical problems	
"Instrumental-expressive" tasks	
Assume full or partial parental roles for dependent persons	
Share living quarters with a (young) adult	
Practical friendship to limited or disadvantaged persons	

Perhaps the most perfect type of advocacy occurs when a citizen chooses to rear as his/her own, and perhaps adopt, a handicapped and neglected child. While few citizens can play such an ideal role, there are many other roles--in relation to adults as well as children--that are less demanding and yet much needed. Among these are the provision of transportation, counsel, or other services for the handicapped child of a family who love and accept the child, but lack the means to solve the child's problems.* An advocate can make certain that the child gets the education and training which the community has a responsibility to provide. Advocates can sponsor institutionalized children without (adequate) family ties by visiting them, giving them gifts, or taking them on trips or to entertainments and even assuming guardianship or at least trying to protect their welfare and rights. Handicapped adults can be assisted in such practical matters as managing money, finding and maintaining living quarters, securing jobs, learning how to use transportation services, and how to vote. Citizen advocates can give friendship and emotional support by offering companionship, and by sharing worship or the observance of holidays and special occasions.

A person who is returning from the institution to live in a community group home or apartment needs a wide range of social experiences in the community. A special relationship is desirable for practically all such persons, since group home or other agency personnel must spread their relationships across so many individuals. An advocate for a young handicapped adult can contribute much to the successful adjustment or readjustment of his/her protégé, keeping him/her out of trouble, teaching him/her how to use free time well, and offering advice and support in time

* Such actions should not be offered or viewed as a substitute for services that are or should be the responsibility of service agencies, but as either temporary stopgaps, or enrichments. Advocates must resist the temptation to become long-term providers of free services that should be rightfully available, and/or to have their efforts diverted from obtaining for their protégé the services that others should provide.

of stress and crisis. Young handicapped adults and advocates of the same age can share apartments, with the advocate providing the skills and fellowship that make more independent apartment living possible for the handicapped roommate.

Many parents of impaired children are quite willing and capable of looking after the interests of their child, but have great fears and misgivings about their child's future once their health declines or they pass away. Citizen advocacy can be the means of providing parental successors who would continue to give compassionate, individualized attention to the impaired person, and who would try to preserve the general type and quality of life that the child enjoyed when his/her parents looked after his/her interests.

Advocates are especially needed as "watchdogs" of agencies that serve their protégés, preventing such agencies from "passing the buck," and keeping them relevant, change-oriented, and honest. Particularly in large cities or in large agencies, an individual client may soon lose his/her identity, or may actually be forgotten.

The various advocacy tasks need to be carried out via a wide variety of advocate roles, as indicated by the third cornerstone and Table 3. Some of these roles are informal, and it is neither necessary nor desirable that they be recognized by law. Other roles and related aspects do require legal recognition, and this brings us to the fourth cornerstone. While the initiation of citizen advocacy would not require legislation in most countries, the schema could be greatly facilitated if the widest possible range of legal options and supports were available. These include carefully designed guardianship proceedings safeguards; periodic and meaningful review of existing guardianships; a wide range of options for limited guardianships of either the person, the person's property, or a combination thereof; various parental and guardianship successorship options; clearer provisions for guardianship ad litem; and subsidies for the adoption of handicapped children.

Table 3

Examples of the Variety of Citizen Advocacy Roles

Instrumental	Expressive
<p>(Legal) Conservator</p> <p>Instrumental Guardian (i.e., a form of limited Guardianship)</p> <p>Informal Instrumental Guide-Advocate</p>	<p>Informal Advocate-Friend</p>
Both Instrumental & Expressive	

Adoptive Parent

(Formal) Parental or Guardianship Successor

(Formal) Instrumental-Expressive Guardian

(Informal) Instrumental-Expressive Guide-Advocate

There is an inescapable conflict between too much and too little advocacy. In citizen advocacy, the ideal is "minimal advocacy" (just as much help as is needed but no more), in contrast to other services which usually emphasize that more is better. Traditionally, handicapped people have never had enough advocacy, and yet there are people who carry the idea of minimal advocacy to the point where they may deny legal guardianship to people who need it. But if a person is impaired in competency, there must be someone who will make wise and kind decisions for that person, if need be throughout his/her life.

Contrary to much misinterpretation, citizen advocacy was never designed to exclude guardianship. Quite the opposite is true. The need for formal guardianship, or some version thereof, was one of the reasons for the original conceptualization of the citizen advocacy schema. An advocate can be a guardian or a conservator, and not cease being an advocate. Not understanding this, people sometimes speak in terms of a program being either citizen advocacy or guardianship; the correct phrasing would distinguish between advocates in informal roles in comparison to advocates in formal (i.e., legal) roles. Citizen advocacy offices are therefore expected to consciously and non-apologetically recruit guardians.

It is also incorrect to assume that those citizen advocates who hold a formal role such as guardianship or conservatorship are somehow unaccountable, therefore apt to misuse their office, and therefore dangerous. Quite to the contrary: a citizen advocate in a formal role is not only in every way as accountable to the courts as is any guardian or conservator, but is doubly monitored, as well as supported, by additionally having the citizen advocacy office look over his/her shoulders, offer guidance and referral, etc. Moreover, it is hoped that some of the other safeguards that are desirable in a balanced schema, and that are discussed in this monograph, would also be operational, and would constitute yet additional back-ups, lines of defenses, and mutual monitoring.

The fifth and final cornerstone is a practical implementive administrative mechanism which brings the schema to life on a day-to-day basis. While the efforts of citizen volunteers are noble and desirable, they are not sufficient to sustain a balanced, successful, major and systematic service form unless coordinated and backed-up by staffed local or regional advocacy offices. Such an advocacy office or staff would not carry out advocacy functions directly, but instead would attract, select, orient, guide, and reinforce volunteer citizen advocates, and match them with protégés on the basis of criteria such as commitment to the advocacy concept, willingness to undergo orientation and preparation for advocacy tasks, competence in the chosen advocacy area, good character, likely continuity and stability in the community and in a relationship, and possibly, willingness to join a relevant community citizen's action group. The office would assess the needs of a person for advocacy, as well as the ability of a citizen volunteer to contribute through advocacy. It would train advocates, emphasizing commitment to the advocacy concept, understanding of the impaired person and the services of potential use to him/her, and many other areas of action. Finally, advocacy offices would provide emotional and practical assistance, support, and back-up to advocates, and mediate legal and professional services that may be needed by the advocate and his/her protege. While all the advocates must be unpaid volunteers, it is of critical importance to the success of the schema that the advocacy office have at least one paid staff member who would be available at any time. Without the functions of this office, and without proper matching, citizen advocacy would be equivalent to "ordinary spontaneous everyday moral behaviour," but relationships would be less likely to last for long periods. would not reach the numbers of persons that can be reached, and would not make the service of advocates as effective as it might be.

Since an advocate must sometimes represent the interests of his/her protege vis-a-vis a service-rendering agency, an advocacy office ideally should be

independently financed and affiliated. Except for initial funding purposes, an advocacy office should never be under the aegis of an agency whose clients might become protégés. Among the desirable alternatives is for voluntary citizen action groups (associations in the field of mental retardation, aging, cerebral palsy, mental health, etc.) to hand over their direct services (if any) to public or quasi-public agencies and to operate advocacy offices instead. Many avenues for funding of such offices suggest themselves. (See Wolfensberger, 1973, for an extensive analysis of change and advocacy rather than service provision roles of voluntary associations.)

While most advocacy relationships will be informal and have no special status or standing in law, as a volunteer activity, citizen advocacy is profoundly different from programs which employ (i.e., hire) people to be advocates, either exclusively (for example, ombudsmen, full-time staff advocates), or as part of their function within an agency. Equally profound is the difference from traditional forms of volunteer activities where individuals perform unpaid work for a service agency. Whatever the citizen advocate's role or legal status, in each case, he/she is an independent citizen volunteer whose primary loyalty is to his/her protégé, not to an agency. All direct relationships are carried on a voluntary basis, leaving only initiation, coordination, and supportive functions to be performed by a relatively small paid office staff.

Many aspects of citizen advocacy have been elaborated in both theory and practice, and are discussed in more detail in Wolfensberger (1975) and Wolfensberger and Zauha (1973). For instance, a number of crisis versions of citizen advocacy have been established, as well as two-to-one and one-to-two relationships (dispersed and multiple advocacy respectively). Also, the advocate associate role has been defined as one which provides support to an advocate or advocacy office without actually being part of a one-to-one relationship; many agency professionals would fall into this category. A particularly promising version of citizen advocacy is youth advocacy, especially where the impaired person is also a youth or a child.

Strengths and Limitations of Citizen Advocacy

Citizen advocacy has the following eight advantages or strengths:

1. It combines the strengths of several other systems while avoiding some of their shortcomings.
2. Reasonable probabilities for continuity and practicality of protection and advocacy exist, due to the back-up of volunteer advocates by paid staff.
3. Conflicts of interest are probably as low as any schema can make them.
4. There is a highly individualized range of advocacy options.
5. Most types of needs can be met via informal relationships.
6. There is a reasonable likelihood that where needed, long-term relationships will exist, whether formal or informal.
7. The cost is relatively low, especially if compared to some other schemas.
8. It has proven success, with almost 200 operational citizen advocacy offices across North America by early 1977.

Like any human endeavor, citizen advocacy also has its shortcomings and built-in limitations. Some are inherent, some are circumstantial. Inherently, 1) citizen advocacy cannot replace all other forms of advocacy/protection; 2) it will probably never be able to meet all of the demand, due to the limited supply of volunteers; and 3) it does not and should not have more than culturally typical social control over the established relationships. Circumstantially, 1) it is very difficult to persuade implementors to preserve and pursue sound ideological as well as practical principles; 2) there is a tendency to over-emphasize informal, reciprocal, and expressive or instrumental-expressive relationships; 3) it is difficult to get funding that is not tainted with conflicts of interest, and 4) sometimes, opposition.

to citizen advocacy increases as it becomes more successful and effective. Particularly in regard to No. 2, much can be learned from the experience of the nearly 200 citizen advocacy offices to date. There has been a tendency to assign advocates to the more "interesting," more verbal, more affectional and lovable people in need. In consequence, the pool of potential advocates was often drained of advocates who might have taken on the interests of those persons who may have needed advocacy the most: those who are noncommunicative, profoundly impaired, unattractive for some reason, institutionalized, totally abandoned, etc. This issue has been confronted in more recent workshops and discussions in the citizen advocacy movement, and more intensive coverage is more relevant to citizen advocacy personnel and committee workers than to the probably more broadly-oriented reader of this paper.

Agency response to citizen advocacy can take a wide range of forms, from one extreme of rejection and hostility, to the other extreme of not only support but even maladaptive idealization. In the latter instance, citizen advocacy may be seen as a panacea solution to all the problems of all individuals and all services, and even as a dumping ground onto which are dumped all the clients with whom the agencies cannot cope and with whom they do not know what to do.

A GLOBAL MULTI-COMPONENT SCHEMA OF ADVOCACY/PROTECTION IN RELATION TO A HUMAN SERVICE SYSTEM

In synthesis of all of the foregoing considerations, a global schema is sketched herewith that attempts to 1) put advocacy in its proper relationship to the delivery of human (primarily clinical) services, and to service-related change agency, and that 2) contains several major types of advocacy, clarified in relation to each other and to the services system. However, prior to sketching this schema, it is helpful to 1) state some basic assumptions in addition to those already reviewed above under what advocacy is and is not, and 2) offer a taxonomy of different types of advocacy.

Some Basic Assumptions Underlying the Proposed Global Model

Some of the basic assumptions underlying the global balanced multi-component advocacy/protection schema are as follows.

1. There is rarely a need to conduct demographic surveys, needs assessments, and similar data collections in order to adaptively plan and initiate an advocacy/protection schema. The needs are crying to high heaven. They are obvious to any informed person of good will on the scene. A handful of informed activists can provide more meaningful information on needs in a few minutes than can costly, time-consuming formalistic surveys which often play only the function of delay and diversion.

There are only two valid functions for needs-type surveys: to legitimize the efforts in the eyes of powerful people who have invincible faith in the need of surveys and data; and for the sake of refining an advocacy/protection schema that has been functional for some time, and that has met some of the more obvious and blatant needs. In the former case, cheaply-collected "junk data" should be provided, since genuinely valid data surveys typically take years to collect, must involve huge population bases, and would cost up to millions of dollars. In the latter case, data collection should be built into the provision of advocacy/protection, and be an integral on-going part of operations.

2. The power of the law or the courts to solve patterns of

social problems or abuse is extremely limited. A misconception seems to be currently sweeping the U.S. at least that solutions to human service problems lie in the law. More and more laws are being passed, they are becoming longer and more complex, and in many instances, less enforceable and less respected. In a society where almost all social "glues" (i.e., stabilizing social institutions) are coming apart, people are turning to litigation to resolve problems which are not resolvable because the social preconditions do not exist. The only significant legal solution that seems to have emerged from the recent human service litigation craze, and that seems to be working to any degree in human services today (and even that only minimally), is some of the right-to-education rulings. The underlying problem with seeking legislative, litigative, or related judicial solutions is that what the culture does not have, or is unwilling to give, cannot be won by law or in a court of law. By and large, the law does what the culture wants it to do, and a lot of things we are asking from the law in the courts are things society cannot, and does not want to give.* In consequence, a legal advocacy/protection approach is insufficient, and should be viewed more as an adjunct to a social solution rather than the other way around.

The above has many implications to the strategies and priorities of advocacy/protection development, many of these touched on later in this paper. For instance, one must carefully distinguish between lawsuits that can be won versus those that cannot; between those that can be won, but at too high a price; and between those that will probably lose but are worth pursuing. Among the latter might be legal actions that attempt no more than to make a prophetic statement, such as trying to prevent the legalized destruction of handicapped people. My general recommendation is to use litigation minimally and extremely sparingly.

* For a lengthier exposition on the "Limits of the Law," the reader is referred to an audio cassette recording of the author's presentation before the Canadian Association for the Mentally Retarded annual convention in Ottawa, 1976. Available from the National Institute on Mental Retardation, 4700 Keele St., Downsview, Ontario, M3J 1P3, Canada

3. There is such a thing as conflict of interest, it is universal, it is even more vexing in advocacy/protection than in other services, it cannot be fully eliminated, but it must be reduced to the minimum. There must be separation of advocacy/protection from service delivery, separation of some safeguards from each other, and additional problems discussed above and below must be addressed aggressively rather than denied and circumvented.

Some people have difficulty understanding the relevance of the conflict of interest issues, as discussed at the beginning of this essay, to advocacy and protection, namely, that when one enters any kind of direct service (case work, rehabilitation counselling, etc.), one should not be one's client's guardian or guardian equivalent (e.g., as "parent surrogate"). It used to be, for example, that institution superintendents were guardians for residents--sometimes for thousands of residents. However, the interests of the agency and the worker may not be the interests of the client. Therefore, a client's guardian should be a person who is not caught in this web; and who not only is not caught, but is not likely to be caught. Indeed, there should not even be the temptation of being caught in dual roles. Yet in California and elsewhere, regional centers have been established where the caseworkers have been appointed as guardians of the people whom they serve in a casework capacity.

Willowbrook used to be the largest institution in the world for the mentally retarded. In 1970, 120 residents died there--an extraordinary number in one year--8 of them choking to death on their own vomit. Two staff members urged the parents of the children to campaign for better conditions at the institution; the two were fired. While this was going on, the superintendent of Willowbrook, who was one of only ten members of the Accreditation Council for Facilities for the Mentally Retarded (of the Joint Commission of Accreditation of Hospitals), was the legal guardian of many residents in the institution. Many people have known and stated for years that a superintendent should never be the

guardian of his/her institutional residents, yet that used to be the standard operating procedure. If someone administers a large institution and at the same time tries to be a guardian of the people who live there, obviously there will be conflicts of interest. A person's interest cannot be represented by the same person who needs to be advocated against. How can the interests of a person who was choked to death be represented by the person who has done, supervised, or administered the choking?

One reason why so much clinical and agency service should not be advocacy is simply this: society, as well as individual citizens or agency clients, needs its own representatives to execute its duly selected policies. That which is in the interest of a citizen may not be in the interest of society, and a society which failed to constitute proper bodies to execute and protect its larger policies would be an unfit society. Thus, while citizens and clients need advocates to represent them as individuals, so society needs organizations, agencies, and even advocates to represent its interests, or at least to carry out its policies even if these are not necessarily optimal. Even non-optimal societal policies may be legitimate--much as any administrator must be given allowance for making legitimate mistakes.

Since there is every reason to posit that the interests of an individual and the interests of society are not always identical or even compatible, a balanced advocacy/protection schema needs to include independent and forceful representation of the interests of the individual, as well as those of society. Also, there needs to be greater clarity and honesty as to whose interests are being represented by different helping or advocacy forms, and an elimination of those conflicts of interest that do not have to exist.

Not only is personal advocacy incompatible with the delivery of direct clinical services to a person, but the incompatibility extends even to systemic advocacy, and to systemic development in general. It is well known that if a program is set up that attempts to serve both clinical and systemic ends, clinical services will almost inevitably drive out

systems development. It would be a giant leap forward if that fact were more widely acknowledged. If it were, no voluntary association for the retarded would be delivering direct clinical-professional services any more. But they do not recognize the universal dynamic that, the moment they deliver a clinical service, there is a conflict of interest with the advocacy function, and plain technical difficulties in playing a monitoring or futurism role (Wolfensberger, 1973). Furthermore it is not even good enough not to have a conflict of interest; there must not even be the appearance of conflict of interest. As they said of Caesar's wife, she must not only be innocent, she must be above suspicion.

The same applies to advocacy and advocates. One may very well advocate on behalf of one's service client, but as a service worker, one should not be the advocate for that person if one has any conflicts of interest that are built into the worker and/or client role. Whether one feels conflicted or free is totally irrelevant. What matters is whether the mutual role relationship is one that is structured so as to have reduced the potential conflicts to their humanly irreducible minimum.

Consequently, if one is to have advocacy that is independent, any such type of advocacy function needs to be funded from sources not under the control of people or agencies toward whom advocacy efforts might be directed. A major rule of thumb is that advocacy funding sources should be as many links, steps, levels, etc., removed from potential targets of advocacy as possible: and/or that as many cushions and safeguards be interposed between the advocacy carrier, and the control that potential advocacy targets can exert over advocacy funds. When advocacy funds do come from potential advocacy targets, the "organizational distance" these funds traverse should be as long as possible, because more safeguards or at least options can be built in. For example, in one state, local citizen advocacy services were funded by a state citizen advocacy office, which was under the governance control of a state citizen's

action group, which was funded for advocacy by an office of state government which was three levels above the local service level at which citizen advocates might occasionally confront service agencies and workers. If such a local agency were inclined to try to squash advocacy against some of its own practices then there would be a lot of cooling-off distance to traverse; and in the meantime, the benefits of some advocacy actions might be seen as worth the inconvenience of others because complaints would be more likely to be perceived systemically, rather than uniquely one at a time.

However, the danger in a state/provincial office of a voluntary association assuming the advocacy function when its local units have not made the commitment to phasing out direct services is that the state/provincial office may find itself in the position of conflict with one of its own local units, and the local unit may cut not only its affiliation but also its funding to the state/provincial organization, which may threaten the survival of the state/provincial organization. The situation might be tolerable if the service-providing units were small, and any conflict with the state/provincial office would not threaten the survival of the state/provincial organization. But if local units were large and had a lot of money, the threat would be powerful. In those circumstances, perhaps another body would have to be sought out or created for the advocacy function.

While remoteness of funding is often acceptable, it is not the most ideal solution. The operation of an advocacy service is one instance where independence is the ultimate need. Consequently and optimally, private funds ought to be used for the private (or at most quasi-public) operation of many types of advocacy services, instead of using private funds, as is often the case now, for services that ought to be publicly funded and provided as a right. In New York State, there are private organizations that go out and raise money to give to the state institutions that are already funded massively from the state, to the tune of over \$30,000 per resident per year in some of the worst institutions of the state.

Such use of private funds is a perversion. However, federal funding of citizen advocacy offices may be viable because of the remoteness of such funds, even though the federalization of most other human services is extremely maladaptive. Also, there are some instances where an advocacy project may be entered into by a service provider as long as there is a time-linked action commitment (not just an intent or promise) to phase out the clinical service. In such situations, the conflict dynamics during the phasing out of the clinical service can be tolerated for perhaps a year or two.

Elsewhere (Zauha & Wolfensberger, 1973) a number of mechanisms have been laid out that are apt to keep unavoidable conflicts of interest created by funding or administrative/governance structures to a minimum. A final point of caution here is that a conflict of interest, or at least a disincentive, may be created if a protective service is permitted to charge clients for its services. If one needs a protective service, one may be reluctant to ask for it because one (or one's estate) may get charged for it.

4. Because there is an incompatible conflict of interest between advocacy/protection and social service delivery, the two need to be organizationally separate, especially since publicly-funded agencies are first and foremost the representatives of society, carry out societally-determined policy, and often (perhaps even predominately, not merely occasionally) do not constitute a primary or even any representation of a client's interest. Therefore, all advocacy/protection forms should be administratively and financially separate from agency structures that deliver other services, especially clinical ones. Relatedly, the funding source for advocacy/protection services should be as far removed (in terms of agencies, governmental units, levels therein, etc.) as possible.

5. Similarly, many advocacy/protection forms are incompatible with each other, and need to be separated at least administratively from each other, even if not always financially. For example, advocacy on behalf of an individual is highly distinct from advocacy for a class of persons. In fact, the interests of an

individual are not always identical or even compatible with those of a class to which he/she may be seen as belonging. However, while individual and collective advocacy may be able to coexist, more urgent is the separation of voluntary from paid individual advocacy. Because of reasons spelled out elsewhere in this paper, paid personal advocacy will tend overwhelmingly to drive out volunteer personal advocacy.

6. Some proposed schemas recommended that an advocacy system be attached to (in the sense of directed toward) a particular agency or service structure, such as perhaps a particular residential institution. But advocacy and protection should follow the person in need, and not the agency. If advocacy is attached to a service instead of to a person, then whenever a person leaves that agency, that person needs a different advocate, and this creates yet additional discontinuity in the already fragmented lives of impaired people. The major advocacy process needs to be person-tied, and if there is advocacy built into a particular agency, then that is additional icing on the cake. Anything one might want to accomplish by attaching advocacy to an agency can be accomplished by attaching other non-advocacy safeguards (such as external evaluation, as discussed further below) to that agency instead.

7. The least restrictive advocacy/protection option is preferable. Among other things, this implies that where feasible:

- a) a citizen-volunteer solution is preferred to an agency-professional one;
- b) an informal (non-legal) option is preferable to a legal one.

8. Every person who is impaired in his/her ability to independently establish a relationship that offers support, or who is physically or mentally impaired, who is abandoned, or seriously disadvantaged, should be assisted in establishing a needed relationship. More specifically, if a person is a minor, or an adult with major impairment in competency, such a person should have an individualized guardian who is interested in him/her and committed to his/her mission, and as much as possible free from conflicts of interest.

The guardianship should be of a type that is "minimal," i.e., commensurate with the needs of the person, but not more restrictive than need be.

9. There probably cannot be effective and meaningful self-advocacy in a system that does not contain strong other-advocacy. One reason is that if no one has sufficient compassion to advocate for others, no one will care enough to want to teach self-advocacy to other people. Secondly, a severely limited person learns self-advocacy best within the demanding shelter, protection, love and friendship of a citizen advocacy relationship, because these processes are especially apt to bring the person toward growth and independence. Thirdly, teaching people self-advocacy when the teachers do not practice or believe in other-advocacy is not honest, and "phony" helping forms rarely work, if ever. Therefore, training for self-advocacy should generally be tied to established and successful citizen advocacy, and the more so the more impaired the persons in need of advocacy are. This principle has particularly forceful relevance in the areas of mental disorder and mental retardation.

10. Whenever advocacy really begins to work, it will be persecuted, because it will be a threat. Conversely, the phonier an advocacy or protective system is, the more likely it is to be praised, legitimized, exalted and funded.

A Classification of Advocacies

The large number of advocacies that have been defined (or at least "called out") is very confusing, e.g., what is "systems advocacy," "ombudsmanship," "staff advocacy," etc. In order to differentiate the jungle of advocacy terms, it is proposed that all advocacies can be classified according to five (or at least four) criteria.

1. Who is the advocacy for? Some forms of advocacy are addressed to individuals (citizen advocacy, Ombudsman, etc.), some to groups (e.g., collective corporate advocacy for the elderly, such as the Grey Panthers). Some collective advocacies are self-help, others are mixed or totally other-directed.

2. What is being advocated for? Some forms of advocacy are designed to prevent abuse, some to obtain legal rights, some to implement the principle of normalization, etc.

3. Who or what is the advocacy aimed "against"? e.g., the Ombudsman may only investigate public officials and public services, while specific watchdog committees may be aimed solely at specific agencies. This criterion has the lowest identity of the five, and could conceivably be subsumed under the second one.

4. Who is doing the advocating? It might be an agency via its employees, an independent citizen volunteer, a collectivity of citizen volunteers, etc.

5. How is the advocacy accomplished or transacted? Major approaches might be legal means; "for-speakership," informal personal persuasion, or other forms of positive social influence; confrontation; threat; violence and warfare; etc.

Theoretically, then, one could conceptualize a five-dimensional "cube" in which all forms of advocacy could be entered at least three times (who is advocating, for whom, and how).

The above clarification of terms permits one to see some advocacies in a new light. For instance, one can now perceive that legal advocacy is really not a legitimate concept except when it is used as one methodology within category 1, 2, or 3.

The Four Essential Advocacy/Protection
Components in Relation to the Service System

In order to gain a total overview of all of the proposed components, the reader should refer repeatedly to Table 4.

Table 4

The Essential Elements of a
Well-Rounded Advocacy/Protection Schema
in Relation to Other Human Services

	Individuals in Need	Collective/Systemic Needs
Human Services	1a. Direct Clinical Services via service agencies, including casework (representing primarily society),	1b. Planning service system development & administration, coordination, evaluation (representing primarily society).
Advocacy/Protection	<p>2. Independent citizen advocacy, local & state/provincial offices (representing the individual person).</p> <p>3. Independent protective service, local & state/provincial offices (representing society & the person).</p> <p>4. Legislative public Ombudsman, state/provincial office (possibly regional branches) (representing both society & the person).</p>	5. Independent collective corporate "systems & collective advocacy" via staff & volunteers, state/provincial office, possibly locals (representing groups in need more than society).

To begin, it is necessary to reiterate the distinction between personal vs. collective, i.e., clinical vs. systemic, needs. When a person, as an individual, needs a service, protection, representation, or emotional support, these should be provided by one or a combination of 1) clinical service and/or case work agencies, and 2) one of the individual advocacy/protection forms, such as citizen advocacy, ombudsmanship, or protective service, as explained further below. However, should the person be one of a class of persons with significant unmet needs, then regardless of whether any or all of the four functions above come into play, the functions of collective advocacy and/or other forms of change agency should also be available.

The typical non-advocacy human services (healing, teaching, training, counselling, habilitating, employing, housing, etc.) should be rendered via structures (mostly agencies) whose major mandate is to carry out societal service policy, and who are funded and regulated accordingly. Especially professional counselling and case work, regardless of what it is called, should be vested in service agencies in which workers are paid to carry out such a service.

The fact that the above services might be improved by a consolidation of agencies, and/or by their much more forceful coordination is important, but not relevant to the conceptualization of the schema presented here, except that a major planning and change agency function should be vested in bodies (preferably and perhaps even essentially regional in nature) that have various types of binding authority that will not be explicated further here.

Ombudsmanship on the Swedish Model

In regard to the four advocacy/protection forms that are here proposed as "essential," at this point in time, every state/province should first of all have or install a generic Ombudsman's office, patterned after the classical Swedish model. The Ombudsman's office must be established by law, and should be attached to the legislature; any citizen should have

free access to complain about illegal, incorrect, discourteous, arbitrary or outright corrupt treatment by any public official. The Ombudsman should have total access to public documents and officials, the right to reprimand public officials, and the duty to report findings and recommendations annually to the legislature.

The structural characteristics of the Ombudsman's office include the following. The office is external to the services its investigates, and is attached by appointment to the legislative (not the executive) branch of government. The Ombudsman is protected by a tenure (usually 5 years) during which time(s) he/she cannot be fired except by impeachment procedures similar to those for a superior court judge. The Ombudsman's office has unlimited access to public documents, and has subpoena power over evidence, thus overcoming secrecy that now exists under the guise of "confidentiality of records." The office is open and accessible to all citizens. For example, a prison administration could not censor a letter written to the Ombudsman's office by a prisoner. If that letter were opened, the prison administration would stand in contempt. Preferably, the Ombudsman uses informal, direct, speedy and cheap methods: conferring with an official, informal discussions and hearings, etc. Quite often, a letter of inquiry will settle a problem because officials will have a healthy respect for the Ombudsman's office. When the Ombudsman takes a course of action, there must always be a clear detailed explanation of the issue. For example, if the Ombudsman reprimands a public official for being discourteous to citizens, the Ombudsman would have to explain the exact basis for the complaint.

Common functions of the Ombudsman are the conduct of impartial and neutral investigations; the objective evaluation of facts to discover both justified and unjustified complaints and harassments, and possibly to defuse unjust allegations; use of public opinion and of the power of the prestige of the office, in order to enhance the status of a complainant (such as a minority member of a handicapped person) vis-a-vis public structures; and being sensitive to patterns of problems, and drawing attention to these patterns.

The ideal personal characteristics of the Ombudsman are: independence, both in character and in office; no conflicts of interest; impartiality ("judicial temperament") and political neutrality; expertise regarding the government; tact and diplomacy; universal accessibility; and a reputation of integrity, prestige and discretion. This is why traditionally, the Ombudsman is a person near the end of his/her career who has no other (e.g., political) ambitions, and is respected by the public.

The concept of the Ombudsman has deep appeal, and should be relatively easy to implement, as shown by the fact that in a relatively short period of time, many states/provinces have adopted it by law. Also, one of the benefits of the Ombudsman is that it is a generic service: a citizen can go with a complaint against a public human service agency as readily as one can go with a complaint against any other public service, such as the sewer system. By being generic, it defuses the stigma of a great many advocacy schemas which are either tied unequivocally to devalued people, or are marginal, such as protective services. Relatedly, the Ombudsman system benefits our elephantine society. According to testimony from Sweden, Swedish democracy might not have worked had it not been for the institution of the Ombudsman.

The creation of the Ombudsman is only one of many safeguards, and would not solve all problems. One limitation is that the Ombudsman has no administrative power; he/she cannot tell anybody what to do. The power of the office is entirely persuasive and revelatory. The Ombudsman can only reveal and admonish, and make recommendations to the legislature in a yearly report, which the legislature may either accept or reject. Also, it has no reach-out mandate, and only swings into action if citizens call upon it.

Several excellent descriptions and establishment laws already exist (e.g., the Public Protector law of Quebec). The point is that such a generic Ombudsman

can be utilized on behalf of impaired persons as much as by anyone else; the regrettable fact is that in the many states/provinces where this most valuable resource already exists, hardly any use of it has been made by or for impaired persons.*

The reader is warned not to confuse or equate the public legislative Ombudsmanship with Ombudsmanship, i.e., informal "for-speakership," the establishment of a sort of administrative "inspector-general" for a particular category of agencies (e.g., nursing homes), or with any number of other arrangements already discussed (e.g., in-house staff "advocacy") that have been given the name "Ombudsmanship."

Citizen Advocacy

Next, citizen advocacy, including its formal versions (guardianship, etc.) should be vested in independent private voluntary action bodies which are incorporated, and which may not engage in other types of direct clinical services that might give rise to conflicts of interest. However, the action body that operates a citizen advocacy service might conceivably operate other services that do not constitute a source of conflict of interest, although this situation would be unusual, and should be rare. Furthermore, the action body might be engaged in certain other forms of advocacy and/or change agency, although this may not always be wise. Finally, there is no ideological (though perhaps there may be a practical) reason why there may not be a multiplicity of citizen advocacy services operated by different bodies in the same region, e.g., citizen advocacy for the developmentally impaired, for prisoners, etc.

* This was underlined at a meeting of The Canadian Ombudsmans at the 1976 convention in Ottawa of the Canadian Association for the Mentally Retarded. The proceedings are available on audiotape from the National Institute on Mental Retardation (4700 Keele St., Downsview (Toronto), Ontario, Canada M3J 1P3).

When an individual person needs protection, spokespersonship, or freely-given expressive support, the citizen advocacy service should be the first line of defense to be called upon, except in case of certain major emergencies discussed below.

Local citizen advocacy offices should be backed up by a state/provincial citizen advocacy office that could either be attached to a state/provincial level citizen action body, or that could be separately incorporated, perhaps by the local offices, and governed by representatives from the boards of local offices.

Empowered Protective Service

While citizen advocacy will furnish the voluntary personal, and primarily one-to-one, advocacy, the needed agency advocacy--but still the type of agency advocacy that tries to be also personal--would be provided by a protective service agency. A protective service needs to be defined quite differently if it is the only protective bulwark in a system than if it is one component in a global and balanced multi-component schema. For instance, in a "free-standing" context, a protective service might be defined similar to the terms of Helsel (1973): "the paid staff of a (quasi-) public agency, with or without other service responsibilities acting as a back-up service, provides case management, engages in action-oriented advocacy, exercises legally-sanctioned professional authority, and has a present readiness to assume legal authority and responsibility (i.e., guardianship) on behalf of any minor or impaired adult, on a potentially life-long basis." According to Helsel, a protective service worker might provide outreach and prevention, counselling, coordination of services for individuals (as distinct from coordinating service systems), tracking and follow-along, case auditing, legal intervention, case management, guardianship, and annual reports to courts and/or responsible state agencies.

Assuming the presence of the global balanced schema proposed here, the definition of a protective service should be changed to the following: "The paid staff of an independent, legally-sanctioned, public, quasi-public, or private agency that provides

no other services, engages in action-oriented advocacy on behalf of any minor or impaired adult as a back-up to citizen advocacy, and has the power and readiness to assume legal authority and responsibility (i.e., guardianship), preferably on a short-term basis." Similarly, the functions of protective service workers would be revised to include outreach; referral of potential protégés to citizen advocacy; monitoring of citizen advocacy services; providing individuals in need, or their families, counselling that is relatively restricted to protective issues; in instances in which citizen advocacy is unable to meet needs, representing individual interests vis-a-vis service agencies; case tracking and auditing; legal intervention; guardianship if needed, replacing other forms of public guardianship; and annual reports as above, but including the relevant citizen and systems advocacy offices among its recipients.

The protective service should be publicly mandated, but not necessarily vested in a public agency (it might be contracted to a private one). It would take up where citizen advocacy leaves off, e.g., it would utilize paid staff to provide advocacy and guardianship where it is not possible to recruit citizen advocates, and where the case work of clinical service agencies appears to be failing or insufficient. As with citizen advocacy, this function should not be vested in an agency that is also responsible for direct clinical services to the people to whom it might conceivably have to provide protective services. Furthermore, when a person appears to be in need of advocacy or protection, the citizen advocacy office should be the first one to be invited to enter the case, and only if it fails to marshall an advocate within a reasonable time period should it be permissible for the protective service to enter.

While it is undesirable for a protective service agency to be a guardian, it is better than having no guardian at all, or a guardian that is a direct service, such as an institution. This is why the law should permit protective services to be the guardian only for emergency conditions, or where a citizen advocate

cannot be recruited to be guardian, as perhaps in some instances involving a child where adoptive parents cannot be found.

A special word is in order about the function of "coordination of services" that is so often written into protective service legislation or specifications. The provision that protective services should coordinate other services could potentially be the beginning of the substitution of protective service for direct services--which is one of the perversions and mis-uses of protective services. Service coordination is a function of service providers, not of service consumers, monitors, or advocates. It is the responsibility of those who have been given public monies and have been mandated to provide rational services to provide service coordination. Protective services should "coordinate" services only in the sense of coordinating services to individual lives, which is quite different from coordinating services systemically. No one can coordinate services agencies and systems without having power over them, and that requires legal enablement on the service system delivery level, e.g., on the level of the local boards, governmental units, etc., through whom the money comes. While protective service needs empowerment for legal standing, access to clients, emergency intervention and possibly some forms of guardianship, this form of empowerment is quite different from the empowerment needed by regional/local directive, regulatory and governing bodies to bring rationality and efficiency to service-providing agencies.

Whether there should be a single generic or several categoric (i.e., handicap-specific) protective service agencies in a region can be resolved over time and experience. At this point, it must be recalled that single protective service agencies encompassing all needs and conditions have not really worked. They are much more likely to work after strong ideological groundwork has been laid over a period of years, where numerous safeguards over its operations exist, and where personnel can be removed if they lose their dedication and strong commitment to the client.

Much like citizen advocacy offices, the protective service offices could also enjoy the support of a state/provincial level office.

Corporate Collective/Systems Advocacy

Finally, there is always a need for a collective corporate advocacy body. In its collective corporate advocacy, such a body is not concerned with individual grievances, but with patterns of problems, difficulties, shortcomings, and possibly with class needs. Since it is not presently conceivable that a single generic advocacy body, could address itself to all collective societal advocacy needs, it will be necessary to have a relatively large number of such advocacy bodies in operation, each concerned with a particular need in society. Thus, there may be a need for a corporate advocate on behalf of good public government and citizenship (such as Common Cause), on behalf of consumer protection and consumer rights (such as various consumer protection offices or some of the Nader organizations), and of course on behalf of any number of disadvantaged or handicapped groups in society. Ordinarily, where the latter are concerned, the corporate advocate would probably be a voluntary association of the affected individuals themselves, and/or of their friends and relatives, including ordinary citizens who have developed an interest in the welfare of the particular group. Of course, in structuring or carrying out such advocacy, it must be kept in mind that if the same body also delivers direct clinical services, that then there will exist inherent conflict between such services and the collective advocacy role, although there are several ways by means of which this conflict can be somewhat reduced.

Among the roles of collective corporate advocate bodies should not only be advocacy functions, but also those change agency functions that may or may not be advocacy, or that may be less clearly advocacy functions. This would include especially the review of legislation, class action litigation, and exerting influence on agencies in regard to general policies rather than in regard to individual lives as handled by the Ombudsman, citizen advocacy, or protective service.

A corporate collective advocacy function should exist primarily on the state/provincial level, regardless of whether local/regional bodies or branches also exist; and it should be independent of direct service bodies. Again, if a suitable citizen action body already exists, it can serve as the governance carrier of the collective advocacy function. If not, such a body may need to be established. One example would be the Center on Human Policy in Syracuse, New York, although it is primarily locally/regionally oriented.

GOVERNANCE CONSIDERATIONS

Some issues relevant to the governance of advocacy and protective services have already been covered, as in the conflict of interest and the immediately preceding sections. Some additional points must be mentioned here.

Almost everywhere, a number of corporate structures suitable for the governance of one or another of the advocacy and protective services components already exist, but there are several potential problem areas that must be considered. For instance, state/provincial and local offices of citizen action groups are potential governing bodies, but may have conflicts of interest. If they do, they must be willing to divest themselves of the source of conflict; e.g., if they run direct services, they might spin them off to other agencies, perhaps even creating these agencies first. Furthermore, the desirable corporate structures may already exist, but not have adequate strength (primarily ideologically and in terms of governance) to be the locus of an advocacy function. Thirdly, while some advocacy forms may fit into already existing structures, others need new structures that must yet be created. For example, it may be that a new structure for a protective service is needed, and a state/province might contract with state/provincial and local voluntary agencies to run it. However, a protective service structure must be separate from citizen advocacy programs, because of a recurring and universal temptation to pursue the conduct of protective or advocacy-type activities by hiring paid staff rather than by marshalling citizen

volunteers. The recruitment of such citizen volunteers, and the supports needed to facilitate their functioning and perhaps maintain their motivation, are seen as costly and cumbersome, while paid staff are viewed as being able to address advocacy issues in an efficient, competent and ongoing basis. Unfortunately, there is enough truth to this view that even greater truths have been overshadowed. These greater truths are that many advocacy efforts by citizens have infinitely greater public and social credibility than "bought" advocacy; and no amount of bought advocacy can really compare in long-term social value and impact to even a moderately intense life-long or even long-term commitment to an advocacy pursuit on the part of an otherwise uninvolved citizen.

Some advocacy projects have recognized these truths, and have tried to get the best of both worlds by utilizing both paid and unpaid advocates. However, an almost universal dynamic has been revealed by such efforts: in the short run, paid staff can always out-perform unpaid volunteers who must also carry out their other career functions. Thus, the temptation for paid advocacy staff to attend to all sorts of advocacy issues themselves, rather than going through the tedious process of recruiting, marshalling, and supporting a volunteer advocate, almost invariably has meant that volunteer efforts have not thrived. What volunteers may be recruited typically end up as volunteers to the agency rather than to the person in need, and they essentially then work for the staff instead of the other way around. In other words, staff advocacy and protective services drive out volunteer advocacy, analogous to clinical services driving out systemic services, and clinical/personal advocacy driving out systemic advocacy. Consequently, of the numerous safeguards that are practically essential for the operation of all sorts of advocacy and protection approaches, one is that in a project attempting to recruit citizen volunteers as individual advocates, paid staff should be prohibited from carrying out individual advocacy themselves. Only such a draconian measure will assure an unequivocal staff commitment to the recruitment of a volunteer to tackle an advocacy mission, rather than doing it oneself.

I highly recommend quasi-public agencies as the optimal corporate organizational structure for many services, including protective services. Such structures are rarely used in human services, but are most promising, having certain features of private organizations, but also certain official identities and sanctions. Many services can then be run without either governmental or voluntary association governance, yet both sectors can participate by contributing members to the governing board. It is almost a "best of both worlds" solution.

THE INTERPLAY AMONG THE SERVICE AND ADVOCACY/PROTECTION COMPONENTS

Optimally, the mutual relationships of the different components described above would be acknowledged voluntarily by all the participating bodies, through the means of written agreements and procedures. On paper, certain routine processes, operating principles, standard operating procedures in regard to referrals, etc., should be agreed upon. This may necessitate the evolution of a series of agreements over time. Two models for such agreements in the relationship between citizen advocacy offices and clinical service agencies are contained in Wolfensberger and Zauha (1973). More are needed. Since voluntary agreements will not always be obtainable, at some point, recourse must be had to power play, and to coercion via change agency, and possibly even legal fiat.

Obviously, in a harmoniously functioning schema, the components would reinforce and support each other. For instance, a person's plight might be brought before the Ombudsman by a citizen advocate or protective service worker; a person might have both a caseworker and an advocate, or an advocate and a protective service worker; the fact that one protégé's problems are shared by many actual or potential protégés might be brought to the attention of a collective corporate advocacy body; etc.

In regard to legal advocacy, I propose that it be conceptualized as functioning primarily in support of collective/systems advocacy, and of citizen advocacy. Systems advocacy could mean either a collectivity of citizens advocating, as a Mental Health Association, Association for Retarded Citizens, etc., might do, or an agency with paid employees advocating in such a fashion as to pursue service system quality. (The two might be the same.) Within that schema of seeing legal advocacy as part of both systems and citizen advocacy, I would also advise not to use it more than is absolutely necessary, and to use it only when other forms of systems advocacy have failed, employing the persuasive and other forms first, and legal forms only as a supplementary back-up.

THE PRIORITIES AMONG THE FIVE COMPONENTS

Priorities must be conceptualized both in the abstract, as well as specified for a particular point in time. In a particular North American setting, the priorities we would assign to the five components specified above might not necessarily permit us to infer the "real" time-less priorities they should have. To perceive these more absolute priorities, one must almost assume a base-line social situation similar to "zero-budgeting."

Thus, let us assume that a new nation were formed, perhaps an underdeveloped one that has few social structures, or at least few formal arrangements. From a perspective of building a strategic base for an adaptive society, I would give first priority--not to the structured professional-technical services, as is usually suggested or done--but to a well-funded citizen advocacy system, unless strong relationships of this nature were already part of that culture. Ultimately, human relationships will and must take precedence over any formalistic structures. Services where relationships do not, or do no longer, exist or function are the services of a dead society.

There are other people who believe that informal relationships are very fragile and untrustworthy. Such individuals often argue that volunteers might come in for a while and then drop out, while the agency, or the professional, or the protective service "will always be there." There are parents who seek security for their handicapped children in the brick and mortar of institutions, on the assumption that the institution will always be there. I am reminded of a friend, a parent of a handicapped child, who has done a great deal to advance the development of public protective services. She has done so because she deeply believes in the security and relative permanence and presence of agencies and paid professionals.

But there is a community in Syracuse that opened my eyes to the futility of that belief. It consists in part of a group of non-handicapped people who gave up much of their middle class lifestyles and accepted voluntary poverty, moving into a house in the slums with several homeless and drifting retarded adults.

Most of the non-handicapped members work, and they pool their incomes. Some of the handicapped members also chip in from their earnings or Social Security payments. This home is not incorporated, is not a "group home" in the usual sense, and receives no subsidies or funding. When I remarked on how fragile the set-up appeared to me, I was jolted into a new way of thinking by the remarks of one of the members. She reminded me that our social systems are collapsing, and that if agencies should ever be eliminated, and staff and staff salaries cut, any number of agency services will disappear. Under severe social stresses, the only thing that will save handicapped people is community. The vast majority of human service workers who are paid to serve handicapped people will no longer be present once they lose their jobs. Only the people who really love handicapped people and are prepared to live with them can offer any assurance of their survival. What then is more enduring: the salary of an agency worker, or an intimate intentional community of voluntary support? All human relationships and structures are transitory. Even paid involvement is not necessarily more enduring and secure than personal involvement. Even when their salary is there, service workers' involvement is unstable, turnover in human services is very high, and case records are often records of agency and worker merry-go-rounds.

I have been involved in the citizen advocacy movement since the beginning, but there are a number of things concerning it which have only relatively recently become clear to me. I am now convinced that a human service system--even an entire society--that lacks a significant number of voluntary one-to-one relationships between citizens and people in need absolutely will not work, and will collapse. When people are no longer willing to involve themselves personally and individually, it is all over. That is one of the problems we see in some parts of the country more than others: in some areas, if someone dies on the street, 3,000 people will walk over the body but nobody wants to get involved, no one will bind the wounds.

There are many people, especially wounded and handicapped people, who now do not have viable, relatively unconditional one-to-one supportive relationships. If people are no longer willing to engage in those kinds of relationships, laws can be passed, unlimited funds can be allocated--and still, nothing will work. That is why organized charity works so poorly. You can give infinite money to Goodwill, United Way, the Salvation Army, Catholic Charities, etc., or even unlimited tax money to the government for public human services, but if individual citizens, on a personal basis, do not bind the wounds of the sick, do not give bread to the hungry, do not console the broken-hearted and visit the imprisoned, do not liberate the captives of oppression and do not bury the dead, then nothing will work. If everything has to be bought and people will no longer freely relate to each other, and especially to handicapped persons, one can spend \$30,000 per person per year as they do now at Willowbrook (an infamous New York institution for the retarded), and the service will still be a snakepit. No amount of laws, agencies, money and paid staff can replace what Peter Maurin called "personalism." This is why so many of our service systems are dysfunctional, such as the criminal justice and penal system; too much is based on buying everything. This is why neither public welfare nor organized private charity has worked very well; it has been too remote. This also explains why so little else in our society is working anymore; it is due to the alienation of our comfort culture from the inescapable realities of human suffering and death. This is why elderly people are going into nursing homes and segregated high-rise apartments and segregated senior centers, because people do not want to be close to what they see (often falsely) aging to be: ugly, unpleasant, full of suffering and death. And one of the very prophetic messages being transmitted by and to our culture today is the fantastically growing wave of crime and violence against elderly people by children. Newspapers are full of stories of elderly persons being violently attacked by our children; this has never happened before in our society, and hardly in any other.

Thus, because the relationship approach is fundamental to everything else, I give citizen advocacy first priority in a conceptual-ideological sense, and at least up to a level at which advocate recruiting appears to approach its asymptote. Volunteer advocacy is the closest thing in our society to our Judeo-Christian ideals. Binding wounds, visiting the sick, liberating captives, etc., lose most of their meaning when they are paid for.

The second most important component in the schema after citizen advocacy is clinical services. The rendering of routine clinical services does not constitute protection, nor should advocacy and protective services be advanced as a substitute for such direct services, although in some places this is exactly what some people are trying to do. Advocacy can be a partial or occasional substitute for soft services (e.g., guidance and counselling), but absolutely not for hard or direct services: it is no substitute for being able to go to school, or having a place to work, or, in a numerical sense, even for a place to live.

The third most important option is the collective-systemic advocacy. If the relationships are not there, this will not work either, but after having reasonable amounts of both citizen advocacy and clinical services, this would be the next most valuable addition.

Fourthly, I would opt for Ombudsmanship, and would call for protective services last. Unfortunately, I do not know of any protective services system so far that has worked, and there ought to be a lesson in that. If schema after schema has failed, we ought to take a good hard look at the dynamics behind it, because there must be built-in nonfunctionalities, such as some of the incompatible functions I have mentioned.

I recognize that the order of importance of the various components that I have sketched is totally different from the way most money for services is spent. Clinical services are usually provided first, and citizen advocacy last, if at all. Also, I am certainly not recommending that the above priorities should be adopted operationally on any local or state/provincial level. They are only offered as

principles and systemic concepts. In actual operations, they might inspire broad goals and strategies, but one would adopt those operational strategies that are feasible and promising in a particular setting. For instance, in a particular state/province, one might have to give highest priority in a given year to the legalization and funding of an Ombudsman's office because the opportunity is golden, other generic community groups are in support, and the measure has high likelihood of being accepted if vigorously advanced. During such a year, the advancement of citizen advocacy might be placed into a more long-term (perhaps 3-year) strategic track.

Also, it will probably never be possible to implement all advocacy/protection components at once, nor is it typically possible to implement even a single component for equally functional performance in all parts of a state/province. In almost all instances, it will be necessary and even desirable to implement piecemeal, in stages, and typically with some regions prior to others. Even with state/provincial level functions (e.g., Ombudsman), it may be desirable to focus operations initially on one region, or on a few types of problems, and to add on as public support, legislative support, funding, staff and experience increase. Particularly, I suggest that citizen advocacy and protective services be implemented in one locale or region at a time, following the line of least resistance (i.e., greatest readiness and support); and even collective systemic, and legal advocacy methods, might benefit from regional sequencing of implementation. Of special impact would probably be the designation of the most promising locale or region as the pilot model for a state/province, and to implement there ahead of everywhere else, and with greatest care and support. Such a model can be a compelling persuader for many people, and can serve as a source of training and even staff spawning ground for other regions.

Further, a word on the priority of deploying legal personnel seems in order. As mentioned before, legal advocacy should be viewed as a method that is merely one of many methods, used primarily on the

citizen advocacy, corporate systemic, and to some degree on the protective service level. Too often, advocacy is initiated by "hiring a lawyer." Yet perhaps one of the best ways of utilizing lawyers is to develop, over a long period of time, a pool of sensitive, human-service-knowledgeable and committed local attorneys on both a fee and voluntary basis. These lawyers would work with local advocacy bodies or branches, and only as and if a significant number of legal actions developed should a full-time attorney be employed at the state/provincial level, in order to provide back-up and coordination. In the long run, probably more community change agency will be achieved by working with community lawyers than by specially hiring them as staff on the local/regional level.

THE RELATIONSHIP OF ADVOCACY/PROTECTION TO OTHER SERVICE SAFEGUARDS

The concept of service safeguards has already been discussed, and I have pointed out that there are numerous ways of working toward quality of human services. For instance, sound planning is one of these, systematization of the legal base is another, etc. However, a broad band of sound strategies can be subsumed under the concept of "safeguards," and all forms of advocacy can really be viewed as falling into the broader safeguards category. In our own work, we have differentiated between safeguards which are external to an agency, even if they have been internally initiated; and safeguards which are entirely internal, and are derived from general principles of organizational dynamics and self-renewal. In this paper, unless they are forms of advocacy/protection, none of these safeguards will be detailed, except that as an illustration of what we mean by "safeguards," Table 5 lists 21 major external ones, and Table 6 lists some major internal ones. The reader will find most of the external safeguards covered in further detail in Wolfensberger (1973).

Table 5

Examples of Human Service Monitoring Mechanisms
And Quality Safeguards

That Function External to Agencies or Service Systems

1. Requiring Public Mandate
 - A. Legislative Mandate & Guarantee Explicitly Based on Positive Ideology
 - B. Responsibility Vested in a "Specialty Point"
 - C. Effective Regulatory Control
 - D. Funding Made Contingent Upon Externally Evaluated Performance
 - E. Categorical Specialty Services Backing up Generic Ones
 - F. Institutionalization of Legislative Ombudsman System
 - G. Protective Service System as Back-up to Citizen Advocacy
 - H. Prohibition of Secret Transactions
 - I. Consumer Participation in Governance
2. Realizable Through Internal Agency Initiative
 - A. Consumer Participation in Governance or Committees
 - B. Recorded Individualized Objectives Reviewed with Consumer
 - C. Routinization of Feedback from Consumers
 - D. Formalization of Grievance Management
 - E. Independent Advisory Committees
 - F. Other Advisory Committees
 - G. Routine External Evaluation by Experts
 - H. External Consultancy
 - I. Written Agreements on Program Operations
3. Under Control of Voluntary Citizen Action Associations
 - A. Citizen Advocacy
 - B. Independent Watchdog Committees
 - C. Systematic Litigative Probing

Table 6

Self-Initiatable Internal Organizational
Self-Renewal and Quality Safeguards

1. Maintaining Low Internal Boundaries
 - A. Adoption of Strategies which Maintain Vitality and Avoid Age Imbalances in the Power Structure
 - B. Legitimization and Institutionalization of Mutual Internal Critique and Self-Examination
 - a. Internal Rotation of Personnel
 - b. Regularization of an Objectified Personnel Review Process
 - c. Establishing and Sanctioning Specific Occasions of Mutual and Self-Critique
 - d. Establishing Tenured Internal Freedom-to-Critique Positions
 - e. Internalization of the Desirability of Internal Adversary Structures
 - f. Regularized Conduct of Internal Self-Evaluation
2. Weakening of External Boundaries
 - A. Recruitment of Highly Diversified Staff
 - B. Exchanging Personnel With Other Agencies
 - C. Relatively Frequent External Study Tours by Staff
 - D. Bringing in External Study Groups
 - E. External Assessment of Performance
 - F. Commitment to External Adversary Structures
 - G. Internalization of the Desirability of Consumer Participation on All Levels of the Organization
3. Fiscal Enablement of Self-Renewal Mechanisms

However, one safeguard principle is relevant here, and that is the principle of "safeguard redundancy." This principle calls for the presence of a large number and variety of safeguards, for the reasons reviewed below.

Any meaningful safeguard will be under pressure, if not at one point, then later. Safeguards are inconvenient, sometimes expensive, and make the lives of service providers harder. Indeed, the temptation of some people to want to tie advocacy to particular agencies rather than to have it function independently, and/or tied to persons rather than agencies, stems from the very inability to conceptualize service safeguards other than advocacy as being legitimate, and constitutes a very common pressure on safeguards.

Safeguards have to be laboriously planned and instituted, whereas abuses have a way of arising instantly. Indeed, there is no limit to the ingenuity and innovative development of new forms of abuse, and the best prevention is safeguards which a) are installed in advance of abuse, and b) are as innovative, as subtle, and as complex as abuse. By their very nature, safeguards will not always be functional, as they will invite repression, or have their ups and downs for other common reasons. Redundancy provides a fail-safe and back-up mechanism in case one or more other safeguards weaken or disappear.

Furthermore, different safeguards accomplish different missions: some safeguards are for persons, some for systems; different safeguards function on different levels of social organization; some safeguards are internal to the system, some are external to it; safeguards can be broad or specific; and different safeguards typically are accessible to different groups of persons in need.

Finally, safeguards often reinforce each other. For instance, there may be complementation, as when an Ombudsman calls upon citizen advocates, or vice-versa. Also, one safeguard (e.g., a protective service) can watchdog another (e.g., individual program planning).

Thus, for all these reasons, a service system needs at least eight safeguards, i.e., two for each of the boxes shown in Table 7.

Table 7

Examples of Human Service Safeguards
in Two Crucial Dichotomies

	Internal	External
For Persons	<p>Written Grievance Procedures</p> <p>Written Individual Objectives</p> <p>In-House Staff Advocates</p>	<p>Public Legislative Ombudsman</p> <p>Citizen Advocacy</p> <p>Litigative Probing</p>
For Systems	<p>Routine Feedback from Clients</p> <p>Consumer & Public Participation</p> <p>Permeable Agency Boundaries</p>	<p>Legal Mandate</p> <p>Legal Prohibition of Secret Transactions</p> <p>External Consultancy Advice & Assessment</p> <p>Funding Tied to External Assessment</p> <p>Written Program Agreements Among Agencies & Advocacy Bodies</p> <p>Citizen Watchdog Committees</p>

Some safeguard mechanisms can be implemented without any law whatsoever, such as many types of consumer participation, routinization of feedback from consumers and all internal safeguards. All that is needed is the will of the agency; at the most, it will cost money. Other external safeguards will require a public mandate, such as making funding contingent upon externally evaluated performance. There are only three external safeguards which are under voluntary association control, and because there are so few, voluntary associations need to hold on to these.

The difference between safeguards for persons versus for systems is particularly important. What is good for the service system is not necessarily good for the service clients, and vice versa, as previously mentioned.

THE LIMITATIONS OF ADVOCACY AND PROTECTION

As mentioned before, it is unlikely that all desirable safeguard measures will be implemented at once. In fact, I do not even expect that we will often see them all existing and actually functioning as intended, even in the future. It is therefore important to exercise that rare discernment and judgement as to what is possible, what is feasible now, what is justified to try and risk, what is compromisable and what is not, etc. Here, we offer a few reflections and guidelines.

One very realistic objection that may be raised against advocacy/protection efforts is that the proliferation of advocacy actions and other service safeguards can be very expensive not only as regards the funding of these efforts themselves, but also in regard to the cost of the changes that advocates may be pursuing. Relatedly, as discussed at great length in another paper (Wolfensberger, in press), cultural values may be so strongly opposed to certain changes that some types of advocacy actions may reflect poorly advised priorities, or would not be actualizeable even if sustained by laws and court decisions. The same may occur if the technical prerequisites and knowledge for the implementation of an advocated outcome simply do not exist.

One might well speculate what the optimal outcome might be in a society that had a superb continuum of comprehensive services, active citizen involvement in the political and service process, and all the advocacy and protection safeguards and mechanisms conceptualized in this paper. The outcome one would envision would almost certainly depend upon one's world view and one's perception of human nature. I propose that under those conditions, there would still be a great deal of human suffering, there would still be abuses, there would still be people falling between the cracks, and there would still be loneliness, alienation, and misery.

No matter what is done, even if one has all the money in the world and the best staff, "nothing will work." Problems will not be solved, there will still be organizational problems and strife. Once one has

accepted this reality, one sees goals in human services quite differently. It then becomes a question of doing those things which maximize the likelihood of good things happening, and minimizing those things that increase the likelihood of bad things happening. There are no human solutions to human problems, nor are there agency or legal solutions. Thus, our aspirations should not be for a utopia, and we should not put our hopes in the belief that improvements in human service technology, and even human service or societal ideology, will solve all problems and dry all tears. Instead, a reasonable ideal is to pursue the implementation of a system that incorporates ideologies that are as positive as very weak human beings are able to adopt, and to operationalize strategies which are at least sound in principle even though not perfect in practice.

Students in human service training come in very enthusiastic and idealistic, and if they cannot find a solution to something, they do not want to bother with it. They think it is not worth it. But if something is worth doing, it is worth doing even if one does not succeed. The important thing is to become engaged in the struggle, even though it may be terribly frustrating. Some people never learn this lesson, or see the relative futility of human efforts. It is ironic that it has not been recognized that throughout human history, there has neither been a change in human suffering (only in its types and sources), nor an acceptance of this fact. But once it is accepted, one can become free to do the right thing. The right thing may often be the thing that does not work, and one can only decide to do the right thing when one accepts the fact that it may not work. That is why so many people cannot and do not do the right thing; that is why compromise is the role in human services. So many human service professionals do things which are not consistent with the ideals with which they came into the field--not because they do not know the right thing to do, but because they could not accept the cost.

Thus, even if everything, including funding and coordination, has been done optimally, our "ideal" service structures are still going to be poor. There will still be problems and weaknesses, because

the human condition is such that the "least worst" alternative is the best that is ever likely to be attained.

The above is not an apology for mediocrity, but a caution against the apparently never-ending North American belief that the next round of technical developments will bring the answer to our problems. Even the best advocacy/protection system we are ever likely to see will merely improve our likelihood of attaining that "least worst" service configuration.

Somewhat on the other extreme, many states in the United States are now scrambling to comply with the requirements of the Developmental Disabilities Act for advocacy provision, but what is lacking in this scramble is an internalization of the underlying issues. If the issues are not understood, the programs that are implemented or funded will not work, and we are more apt to get more of the same "much much worse than least worst" conditions such as we have had. In most states, the advocacy system probably will not work because the approach is a mechanistic-technological rather than ideological one. Also, an advocacy and protection system should not be looked upon merely as a response to a federal law to get money. Instead, it should be viewed as being, in its own right, an essential component of a well-rounded service system approach.

Thus, the "least worst" situation should not be viewed as being the worst that could happen. Things could be much worse! Should cultural morality and values suffer such extensive collapse that most social transactions end up being placed on a conflict and confrontational model rather than a cooperative one, then no amount of formalization and regulation of the modes of conflict and confrontation will bring about societal viability. Instead, a situation will be brought about where there is a great diffusion and proliferation of powers to block the actions of other individuals and organizations, but where there will not exist sufficient concentration of constructively directed powers to accomplish the positive things that

are needed. In many ways, our society is rapidly approaching this point, and advocacy/protection systems that are based on improper ideologies, or that fail to arrest the ideological deterioration in our society, will be merely systems-disabling rather than client-enhancing.

FURTHER RESOURCES

For further resources on the whole issue of social advocacy and Ombudsmanship, the reader may request assistance from the author (Wolf Wolfensberger, The Training Institute for Human Service Planning Leadership and Change Agency, 805 South Crouse Avenue, Syracuse, New York 13210) in the form of course and resource packages that have been developed for this purpose. Included in these resources are bibliographies and reading lists, social advocacies quiz items, and directions to yet additional sources.

In Canada, the reader may request assistance from the Association Resources Division of the Canadian Association for the Mentally Retarded, Kinsmen NIMR Building, York University Campus, 4700 Keele Street, Downsview, Ontario, M3J 1P3.

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